

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



Adult and Older Adult (AOA) Behavioral Health Services Systemwide Annual Report: Fiscal Year 2020-2021

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Table of Contents

Section	Page(s)	Section	Page(s)	Section	Page(s)
Introduction	4	Accessibility of Services		TAY Co-occurring	66
Key Findings	5-8	Access	39	TAY Employment Status	67
All AOABHS Clients	9-48	Are clients getting better?		TAY Military Service	68
Who are we serving?		Client Outcomes: IMR and RMQ	40	What types of services are being used?	
Total Number of AOA Clients Served	9	Are clients satisfied with services?		Types of Services	69
Age	10	AOA Client Satisfaction	41	Are clients getting better?	
Gender	11	Adult SUD Client Satisfaction	42	TAY Client Outcomes: IMR and RMQ	70
Race/Ethnicity	12	Child SUD Client Satisfaction	43		
Living Situation	13	Mental Health Services Act Components			
Health Care Coverage	14	MHSA Components	44-45	Older Adult (OA) Clients	71-86
Primary Care Physician	15	Prevention and Early Intervention (PEI)		Who are we serving?	
Sexual Orientation	16	Demographics and Client Satisfaction	46	Total Number of OA Clients Served	72
History of Trauma	17	Clubhouses		OA Age	73
Primary Diagnosis	18	Demographics and Client Satisfaction	47	OA Gender	74
Co-occurring (Overall and by Age)	19	Innovations		OA Race/Ethnicity	75
Co-occurring Gender & Race/Ethnicity	20	MHSA: Innovations Projects	48-50	OA Living Situation	76
Co-occurring by Primary Diagnosis	21	Substance Use Disorder (SUD) Services		OA Health Care Coverage	77
Primary Language	22	Demographics and Drug of Choice	51-52	OA Primary Care Physician	78
Education Level	23	SUD Discharges	53	OA Sexual Orientation	79
Employment Status	24	Driving Under the Influence Program		OA History of Trauma	80
Military Service	25	Demographics, Admissions & Completions	54	OA Primary Diagnosis	81
Where are we serving?				OA Co-occurring	82
Demographics by Region	26	Transition Age Youth (TAY) Clients	55-70	OA Employment Status	83
What types of services are being used?		Who are we serving?		OA Military Service	84
Types of Services	27	Total Number of TAY Clients Served	56	What types of services are being used?	
First Service Use	28	TAY Age	57	Types of Services	85
Emergency/Crisis Services	29-30	TAY Gender	58	Are clients getting better?	
Emergency/Crisis Services and Age	31	TAY Race/Ethnicity	59	OA Client Outcomes: IMR and RMQ	86
Emergency/Crisis Services and Gender	32	TAY Living Situation	60		
Emergency/Crisis Services and Race/Ethnicity	33	TAY Health Care Coverage	61	Glossary	87-90
Emergency/Crisis Services & Primary Diagnosis	34	TAY Primary Care Physician	62	Contact Us	91
Hospitalizations	35	TAY Sexual Orientation	63	Appendix	92-93
Multiple Hospitalizations	36-37	TAY History of Trauma	64	Appendix A	
Multiple Hospitalizations and Service Use	38	TAY Primary Diagnosis	65	Hospital Dashboard 3 Year Trend	93

Introduction

Overview

- This report summarizes cumulative system and clinical outcomes for transition age youth (TAY), adults, and older adults (OA) served by the County of San Diego Adult and Older Adult Behavioral Health Services (AOABHS) during Fiscal Year 2020-21 (July 2020 – June 2021).
- AOABHS primarily serves individuals aged 18 years or older with severe, persistent mental health needs, or those experiencing a mental health crisis.

The County of San Diego Adult and Older Adult Behavioral Health Services delivered services through a wide variety of program types in FY 2020-21 including:

- Outpatient programs including but not limited to:
 - Full Service Partnerships (FSP)
 - Walk-in Assessment Centers
 - Case Management (CM) programs
- Access & Crisis Line (ACL)
- Crisis Residential (CR) Facilities
- Crisis Stabilization (CS) Facilities
- Urgent Outpatient (UO) Facilities
- Psychiatric Emergency Response Teams (PERT)
- Mobile Crisis Response Teams (MCRT)
- Inpatient Facilities
- Forensic Services
- Telepsychiatry
- 24 Hour Services



Key Findings

All AOABHS Clients

- During FY 2020-21, San Diego County Behavioral Health Services (SDCBHS) delivered mental health services to 42,614 adults, TAY, and older adults, the lowest number of clients served over the past five years.
- The number and proportion of AOABHS clients with a co-occurring mental health illness and substance use disorder has gradually increased each year from FY 2016-17 to FY 2020-21 (54% to 60%). This marks an increase of 9% in the number of AOABHS clients with a co-occurring mental health illness and substance use disorder from FY 2016-17 to FY 2020-21 (19,466 to 21,287 clients).
- Similar to previous fiscal years, the most common diagnoses among AOABHS clients served during FY 2020-21 were schizophrenia and other psychotic disorders (45%), followed by depressive disorders (21%), and bipolar disorders (21%).
- 14% (5,105) of clients served during FY 2020-21 were employed in a competitive job, reflecting a 19% increase in the number of clients over time who were employed in a competitive job during FY 2020-21, compared back three years ago to FY 2017-18 (4,291).
- The number of Assertive Community Treatment (ACT) services increased during FY 2020-21, as there were 28,747 more AOA ACT visits (18% increase) and 1,015 more clients served by ACT programs (29% increase) during FY 2020-21, compared to FY 2019-20. It is important to note that 310 ACT treatment slots were added when 3 new ACT programs came onboard during FY 2019-20.
- Utilization of Outpatient services among AOA clients increased during FY 2020-21, as there were 10,467 more Outpatient visits (7% increase) and 545 less AOA clients (4% decrease) who received Outpatient services during FY 2020-21, compared to FY 2019-20.
- The proportion of clients who entered the AOABHS SOC through outpatient services was decreasing each fiscal year from FY 2016-17 through FY 2019-20 (39% to 26%) but increased from FY 2019-20 to FY 2020-21 (26% to 29%).

Key Findings

All AOABHS Clients

- The proportion of clients who entered the AOABHS System of Care (SOC) through emergency/crisis services during FY 2020-21 increased from FY 2019-20 (51% to 52%), continuing the upward trend observed during previous fiscal years.
- A total of 61,446 emergency/crisis services were used by 16,255 clients during FY 2020-21, representing nearly two-fifths (38%) of AOA clients served by SDCBHS. There was a decrease of 644 emergency/crisis services utilized (1% decrease) and a 4% decrease in the number of AOABHS clients who received emergency/crisis services during FY 2020-21, compared to FY 2019-20 (16,918 clients).
- Of the 5,423 AOA clients hospitalized during FY 2020-21, 1,513 of them (28%) were hospitalized at least one additional time during the fiscal year. The number of AOA clients with multiple hospitalizations during FY 2020-21 is the lowest it has been over the past five years.
- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2019-20, average wait times decreased from approximately 10 days to 8 days in FY 2020-21. Average access times for mental health assessments decreased slightly in FY 2018-19 from FY 2016-17, but wait times increased to the highest average of over 6 days during FY 2020-21.
- Clinicians reported significant improvements in illness management, overall progress towards recovery outcomes, and experience low or minimal impairment in functioning due to drug or alcohol use among AOA clients in FY 2020-21. Also, AOA clients self-reported significant improvement in their overall mental health status in FY 2020-21 via the Recovery Markers Questionnaire (RMQ) from pre to post assessment.
- The number of new admissions into the DUI program has continued to decline over the past three fiscal years (7,714 to 4,194). Also, fewer clients completed the DUI program in FY 2020-21 (4,888 clients) compared to FY 2018-19 (5,836 clients) and FY 2019-20 (5,755 clients).

Key Findings

Transition Age Youth (TAY) Clients

- During FY 2020-21, SDCBHS delivered mental health services to 7,847 TAY clients (age 18 to 25 years), comprising 18% of the AOA population served during FY 2020-21, and reflecting a slight decrease of from the 8,020 TAY clients served by AOABHS in FY 2019-20.
- Compared to FY 2019-20, the number of TAY clients served during FY 2020-21 under the age of 18 decreased by 15% (1,587 clients in FY 2019-20 to 1,347 clients in FY 2020-21).
- In previous fiscal years, the proportions of TAY males and females served by AOABHS remained stable. In FY 2020-21, the proportion of male TAY client decreased by 6% and female TAY clients increased by 2% when compared to FY 2019-20.
- Compared to the overall AOABHS client population, a larger proportion of TAY clients served during FY 2020-21 were Hispanic (45% compared to 30%), and a smaller proportion were non-Hispanic White (26% compared to 38%).
- Similar to observations from past fiscal years, the three most common diagnoses among TAY clients served during FY 2020-21 were schizophrenia and other psychotic disorders (29%), depressive disorders (27%), and bipolar disorders (25%), which comprise 81% (5,133 clients) of TAY clients with a valid diagnosis.
- 14% (499) of TAY clients served during FY 2020-21 with sexual orientation information available identified as bisexual, reflecting an 81% increase in the number of TAY clients over time identifying as bisexual served during FY 2020-21, compared back four years ago to FY 2016-17 (275 clients).
- During FY 2020-21 there was a substantial increase of Outpatient visits among TAY (28,958 visits in FY 2020-21 compared to 25,919 visits in FY 2019-20) with only 3 more total TAY clients in Outpatient settings in FY 2020-21 (2,013 clients), compared to FY 2019-20 (2,010 clients).
- Clinicians reported statistically significant improvements in the ability of TAY clients to manage symptoms, progress towards their recovery, and improvements in their overall Illness Management and Recovery (IMR) assessment scores.

Key Findings

Older Adult (OA) Clients

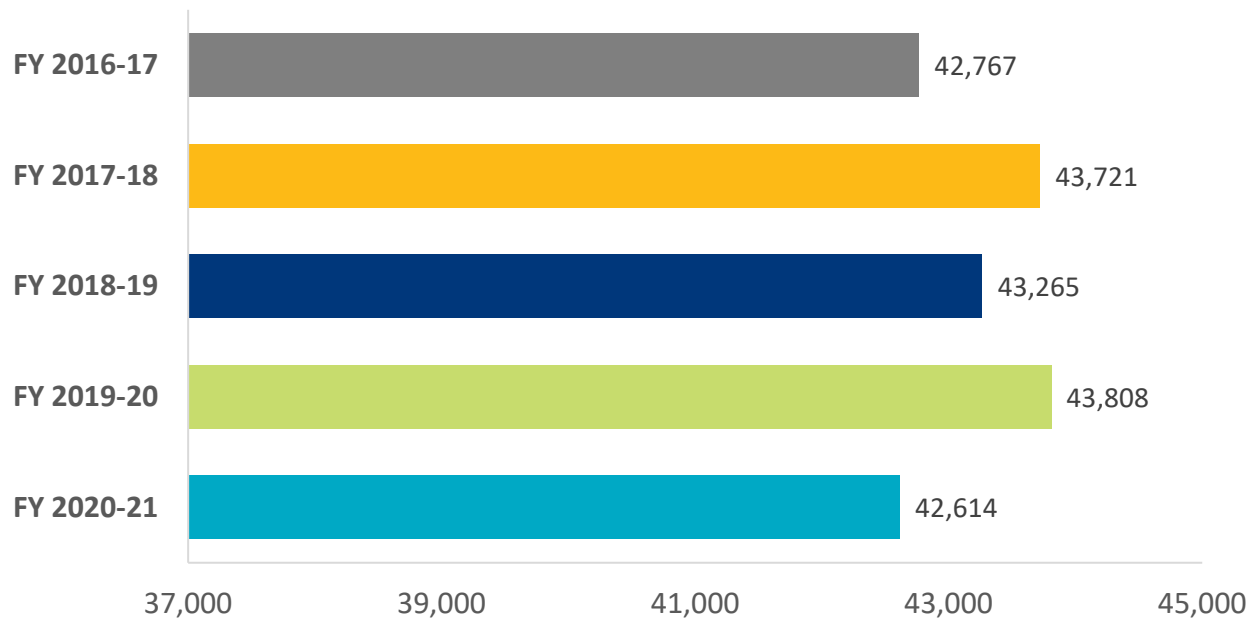
- During FY 2020-21, SDCBHS delivered mental health services to 6,313 older adults (age 60 years or older), comprising 15% of all AOA clients served during FY 2020-21, and reflecting a decrease of 4% in the number of OA clients served by AOABHS compared to FY 2019-20.
- The number of OA clients served during FY 2020-21 that were between the ages of 60 and 69 years (4,572 clients) decreased by 4%, compared to FY 2019-20 (4,767 clients).
- Similar to previous fiscal years, compared to the overall AOABHS client population, a smaller proportion of OA clients were Hispanic (16% vs. 30%), and a larger proportion were non-Hispanic White (52% vs. 38%) in FY 2020-21.
- The most common diagnosis among OA clients served during FY 2020-21 was schizophrenia and other psychotic disorders (49%), followed by depressive disorders (25%), comprising nearly three-quarters of OA clients with a valid diagnosis.
- In addition to a primary diagnosis, nearly half of OA clients (46%) also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2020-21. The proportion of OA clients with a co-occurring mental illness has consistently increased from FY 2016-17 to FY 2020-21 (35% to 46%).
- Utilization of ACT services among OA clients increased during FY 2020-21, as the total ACT visits increased by 6,272 more ACT visits (22% increase) and 107 more TAY clients (17% increase) who received ACT services during FY 2020-21, compared to FY 2019-20.
- During FY 2020-21 there was a substantial increase of Long Term Care (LTC)–Institutional days among OA clients (20,517 days in FY 2020-21 compared to 16,546 days in FY 2018-19) with only one more total OA client in LTC-Institutional settings in FY 2020-21 (80 clients), compared to FY 2019-20 (79 clients).
- Clinicians reported that OA clients are getting better as evidenced by significant improvements from pre to post assessment in the ability to manage symptoms.

Who are we serving?

Total Number of All AOA Clients Served

- In FY 2020-21, mental health services were delivered to 42,614 adults, TAY, and older adults by the SDCBHS SOC, the lowest number of clients served over the past five years.
- The number of clients increased during FY 2019-20, compared to the number served during FY 2018-19. Then there was a decrease in the number of clients served during FY 2020-21 (42,614 clients) compared with the previous fiscal year (43,808 clients in FY 2019-20).

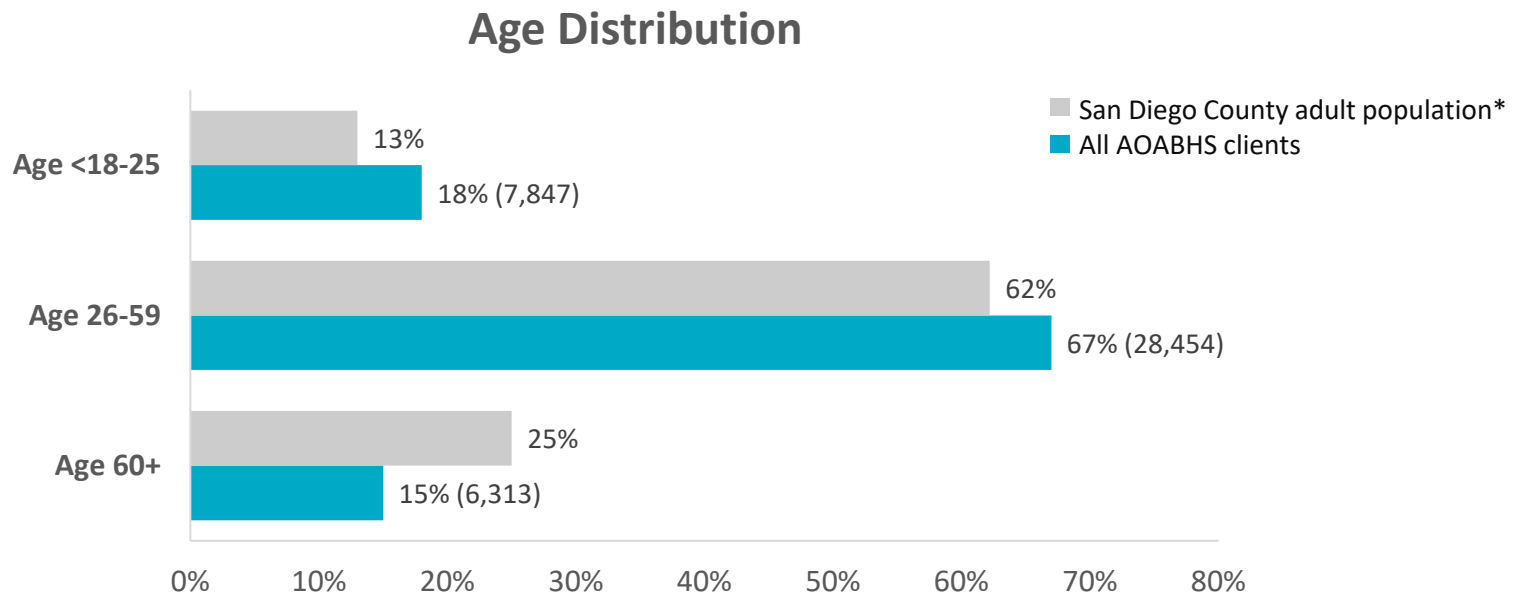
Number of Clients Served by Fiscal Year



Who are we serving?

All AOA Clients: Age

- Compared to FY 2019-20, the proportion of clients served in each age group during FY 2020-21 was stable. The proportion of AOA clients of all age groups remained the same (18% for <18 to 25 years of age; 67% for clients between the ages of 26-59 years; and 15% for clients the age 60 years and above).
- Similar to previous fiscal years, a much smaller proportion (15%) of AOABHS clients served during FY 2020-21 were older adults (ages 60+) compared to the estimated older adult population in San Diego County (25%).



*Source: U.S. Census Bureau, 2020 American Community 5-Year Estimates Age and Sex (San Diego County population)

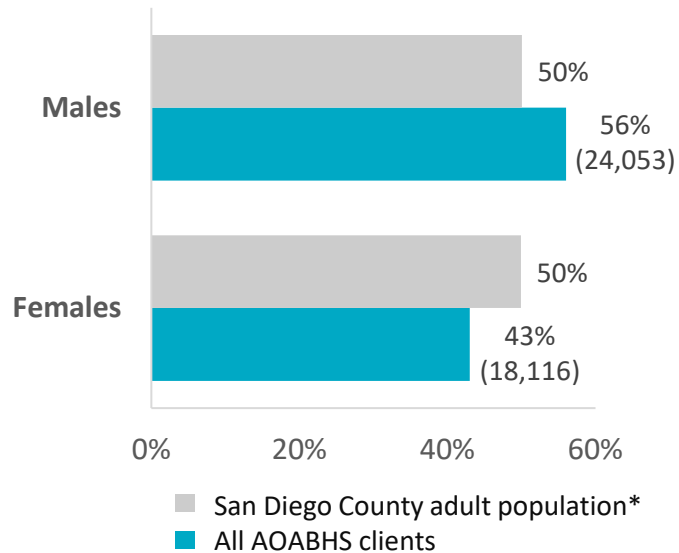
Note: San Diego County population estimates were not available for the CA mandated age categories. To provide the best approximation, the percentages reported for the San Diego County population are age 18-24, age 25-59, and age 60+.

Who are we serving?

All AOA Clients: Gender

- The proportion of males and females in the AOABHS client population has remained relatively stable over the last five fiscal years.
- Similar to past fiscal years, there was a greater proportion of males served by AOABHS in FY 2020-21 compared to the proportion of males in the overall San Diego County population (56% vs. 50%) and a smaller proportion of females served by AOABHS in FY 2020-21 compared to the proportion of females in the overall San Diego County population (43% to 50%).

Gender Distribution



AOABHS Gender	Fiscal Year					SD County Population
	2016-17	2017-18	2018-19	2019-20	2020-21	
Females	45%	45%	43%	43%	43%	50%
Males	54%	55%	56%	56%	56%	50%
Other/Unknown	< 1%	< 1%	1%	1%	1%	n/a**

*Source: U.S. Census Bureau, 2020 American Community 5-Year Estimates Age and Sex (San Diego County population)

**Rates of other/unknown genders were not available for the San Diego County adult population. In the AOABHS population, gender was reported as other/unknown for 445 clients in FY 2020-21 (1%).

Who are we serving?

All AOA Clients: Race/Ethnicity

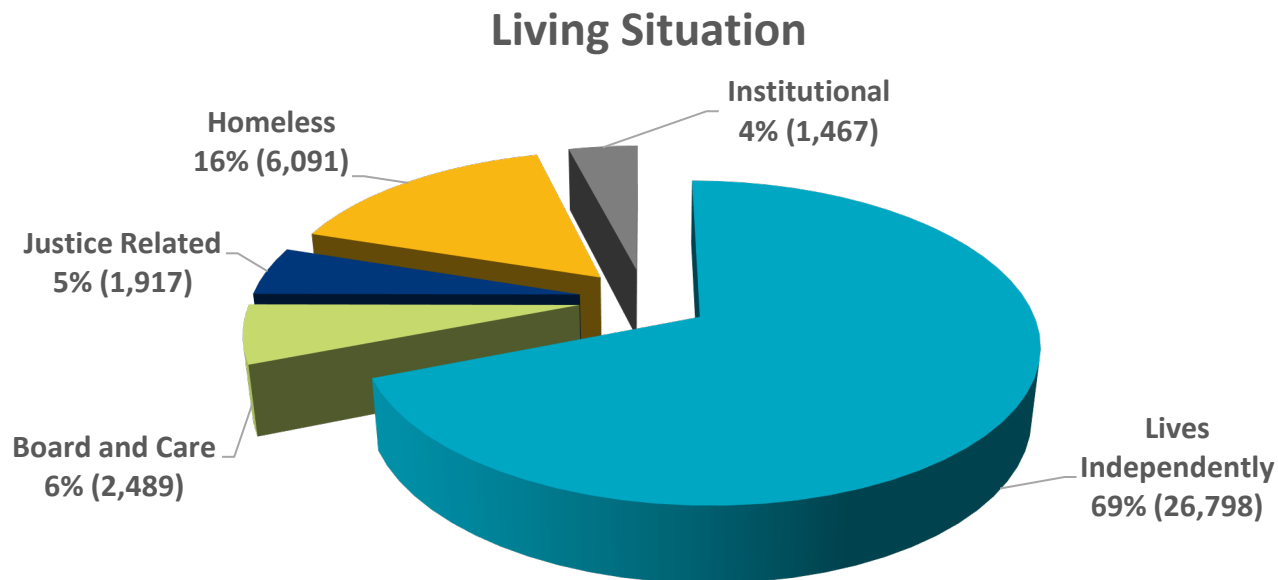
- The proportion of non-Hispanic White clients served by AOABHS has gradually decreased since FY 2016-17 (41% to 38%), while the proportion of Hispanic clients has gradually increased (25% to 30%).
- The proportion of non-Hispanic African American, and non-Hispanic Multiracial clients served by AOABHS has remained relatively stable since FY 2016-17.

Race/Ethnicity	Fiscal Year				
	2016-17	2017-18	2018-19	2019-20	2020-21
Hispanic	25%	26%	27%	29%	30%
NH White	41%	40%	39%	39%	38%
NH Black/African American	11%	11%	11%	11%	11%
NH Asian	5%	4%	5%	5%	5%
NH Native American	1%	<1%	<1%	<1%	<1%
NH Multiracial	6%	6%	6%	6%	6%
NH Other	4%	4%	4%	4%	4%
Unknown	9%	9%	8%	6%	6%

Who are we serving?

All AOA Clients: Living Situation*

- More than two-thirds (69%) of clients served in FY 2020-21 lived independently**.
- The number of clients served during FY 2020-21 who lived in a justice related setting decreased by 14% when compared with FY 2019-20 (1,917 compared to 2,217 in FY 2019-20).
- The proportion of clients served during FY 2020-21 who were in board and care, homeless, and institutional settings also remained stable from FY 2019-20.



*Client living situation reflects status at time of most recent client assessment.

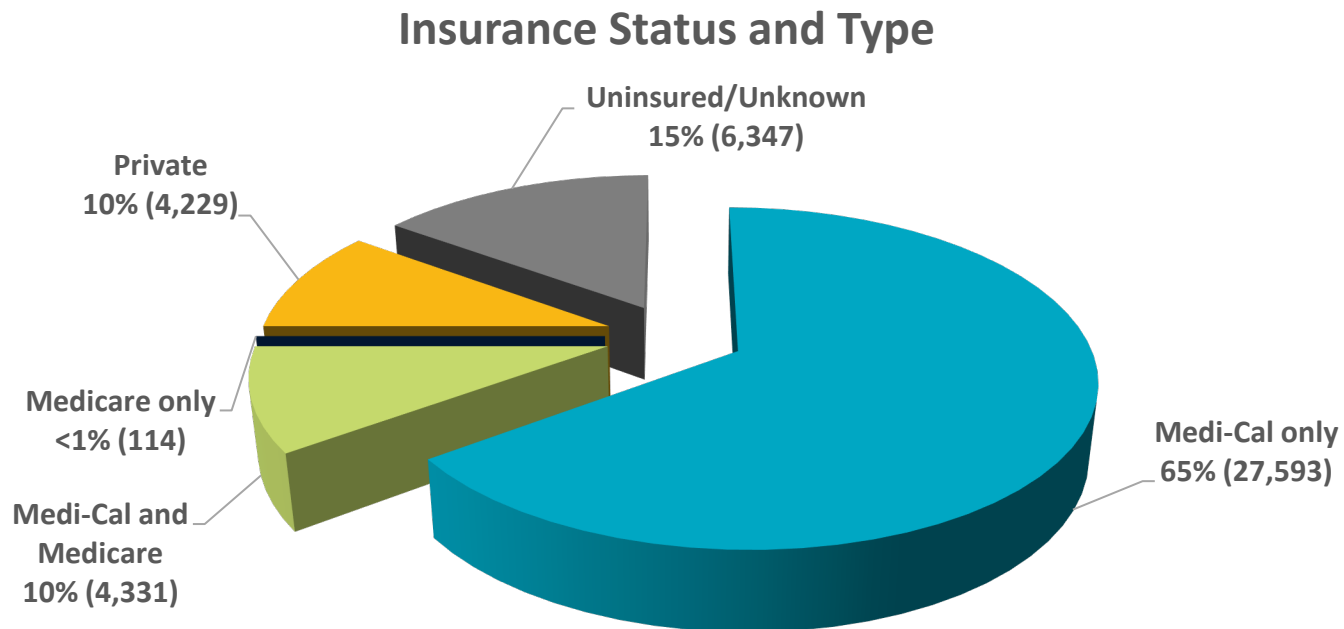
**Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (n = 3,852) are excluded from the figure and percentages reported above.

Who are we serving?

All AOA Clients: Health Care Coverage

- The number of uninsured/unknown AOABHS clients served in FY 2020-21 remained stable from FY 2019-20 (6,369 to 6,347).
- Three-quarters (75%) of clients served in FY 2020-21 were at least partially covered by Medi-Cal.

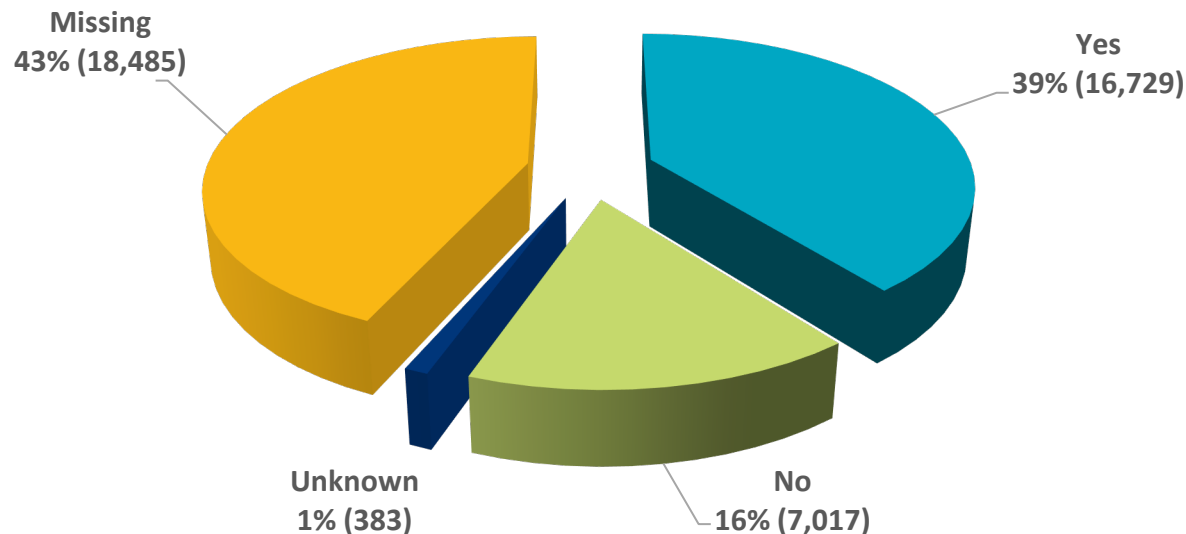


Who are we serving?

All AOA Clients: Primary Care Physician

- The proportion of AOABHS clients served in FY 2020-21 who had a primary care physician remained stable from FY 2019-20 (39%).
- Note: Information about primary care physician was unavailable for almost half (43%) of AOABHS clients, a slight decrease from FY 2019-20 (44%).

Primary Care Physician



Who are we serving?

All AOA Clients: Sexual Orientation

- The majority of AOA clients served during FY 2020-21 with sexual orientation information available identified as heterosexual (85%).
- Sexual orientation data were missing for 22,517 clients (53%), which is lower than was reported FY 2019-20 (64%).

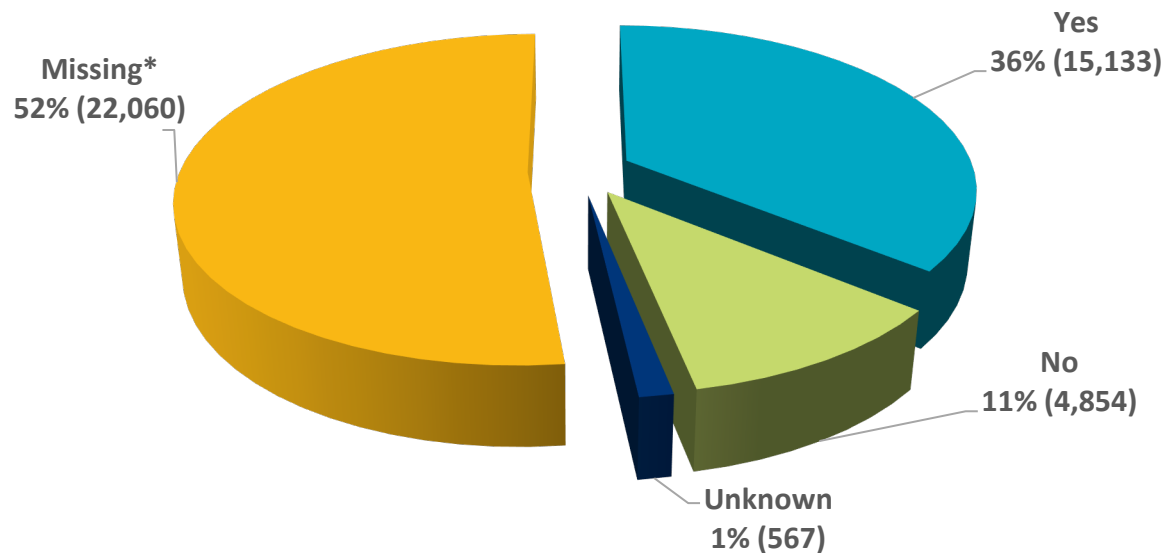
Sexual Orientation	Unique Clients	Percentage
Heterosexual	17,181	85%
Bisexual	1,275	6%
Gay male	451	2%
Lesbian	293	1%
Other	325	2%
Questioning	222	1%
Declined to state	350	2%
Total (excluding missing)	20,097	100%
Missing	22,517	53%

Who are we serving?

All AOA Clients: History of Trauma

- Over one-third of AOABHS clients served in FY 2020-21 had a history of trauma (36%).
- Data was not available (missing) for over half (52%) of the AOABHS population.

History of Trauma

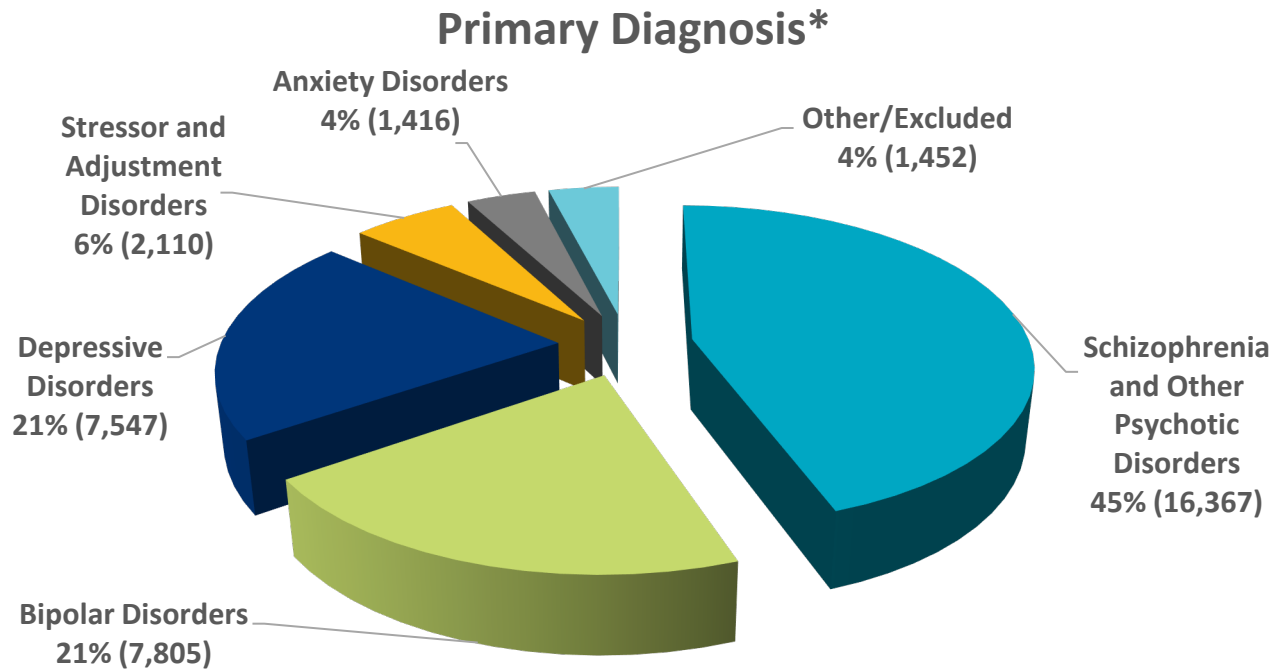


*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

Who are we serving?

All AOA Clients: Primary Diagnosis

- Similar to previous fiscal years, the most common diagnoses among AOABHS clients served during FY 2020-21 were schizophrenia and other psychotic disorders (45%), followed by depressive disorders (21%), and bipolar disorders (21%).
- Primary diagnosis was invalid or missing for 5,917 AOABHS clients served during FY 2020-21.



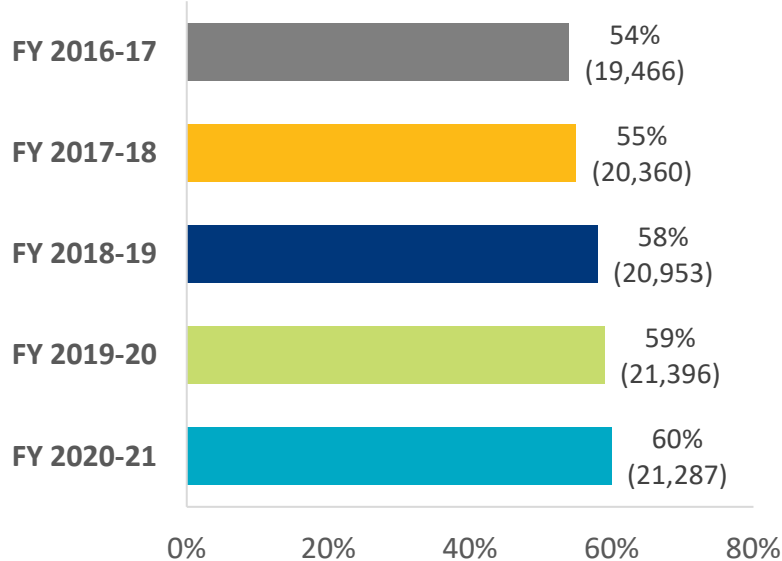
*The graph and percentages reported above exclude invalid/missing values ($n = 5,917$).

Who are we serving?

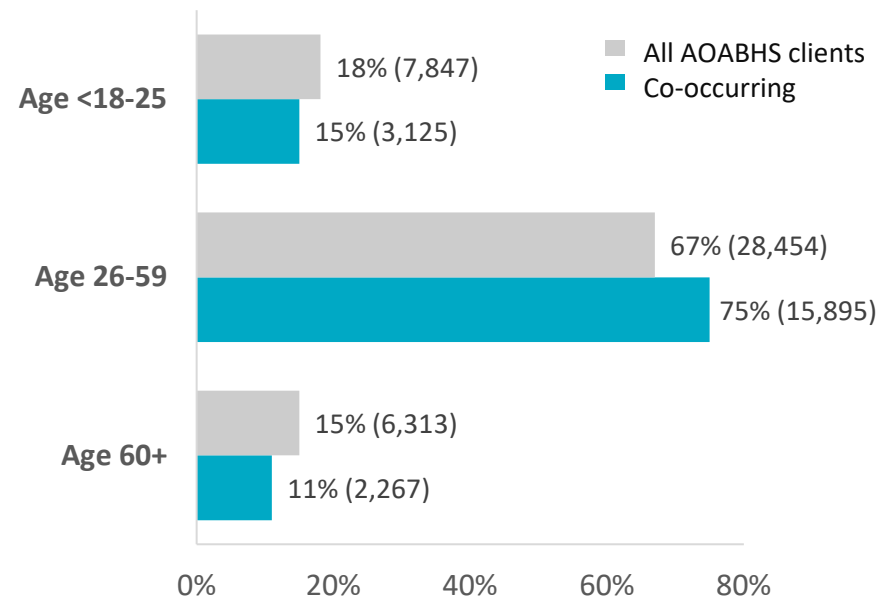
All AOA Clients: Co-occurring Mental Illness and Substance Use Disorder (Overall and by Age)

- In addition to a primary mental health diagnosis, three-fifths of AOABHS clients served during FY 2019-20 (60%) had a co-occurring mental illness and substance use disorder (SUD).
- The number and proportion of AOABHS clients with a co-occurring mental health illness and substance use disorder has gradually increased each year from FY 2016-17 to FY 2020-21 (54% to 60%). This marks an increase of 9% in the number of AOABHS clients with a co-occurring mental health illness and substance use disorder from FY 2016-17 to FY 2020-21 (19,466 to 21,287 clients).

Clients with Co-occurring Mental Illness and Substance Use Disorder



Co-occurring by Age

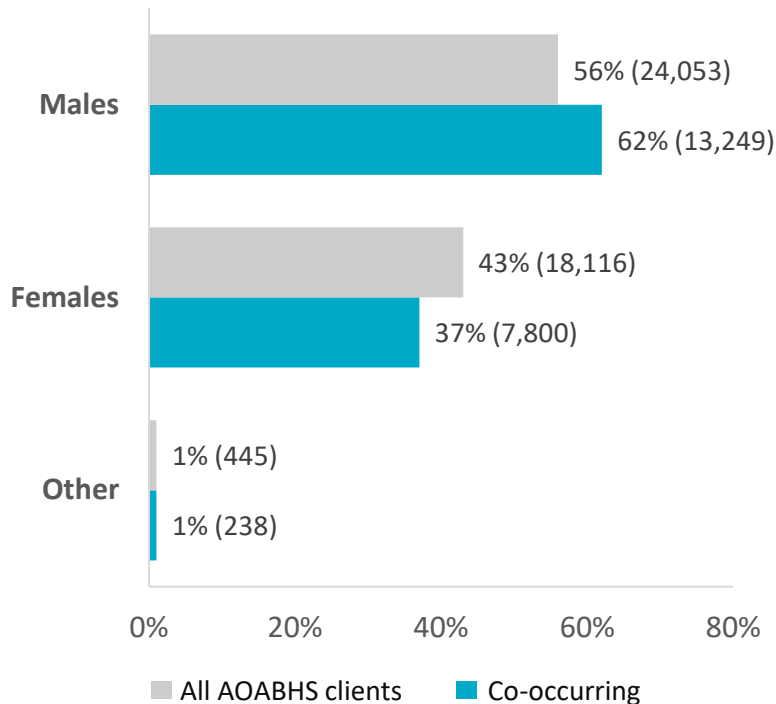


Who are we serving?

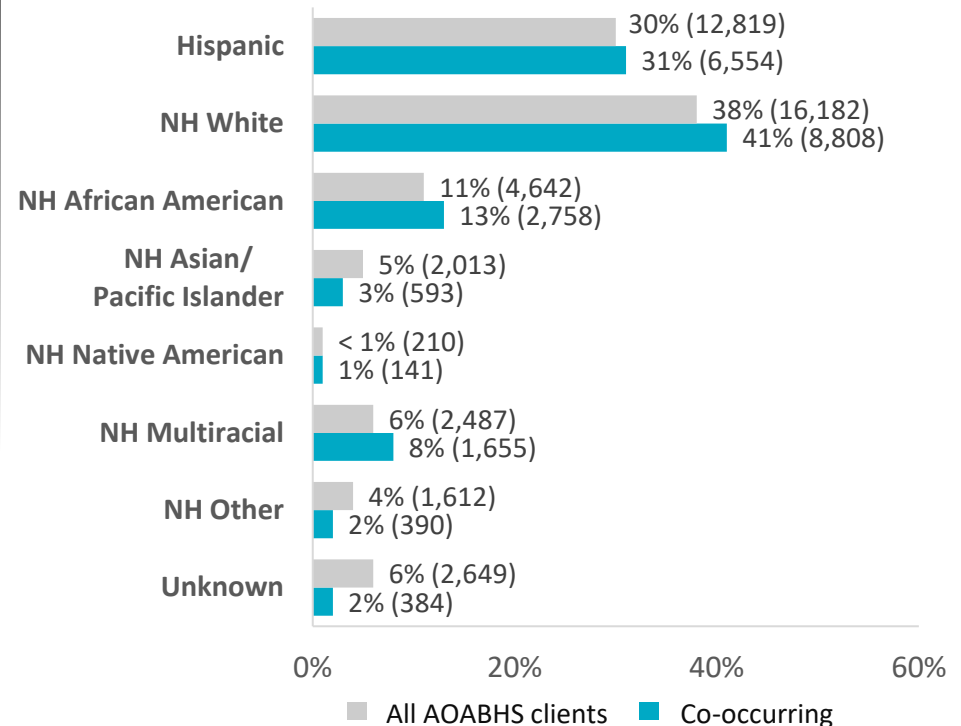
All AOA Clients: Co-occurring by Gender and Race/Ethnicity

- Almost two-thirds of AOA clients with a co-occurring mental illness and substance use disorder served during FY 2020-21 were male (62%).
- Over two-thirds of AOA clients with a co-occurring mental illness and substance use disorder served during FY 2020-21 were non-Hispanic White (41%), and nearly one-third were Hispanic (31%).

Co-occurring by Gender



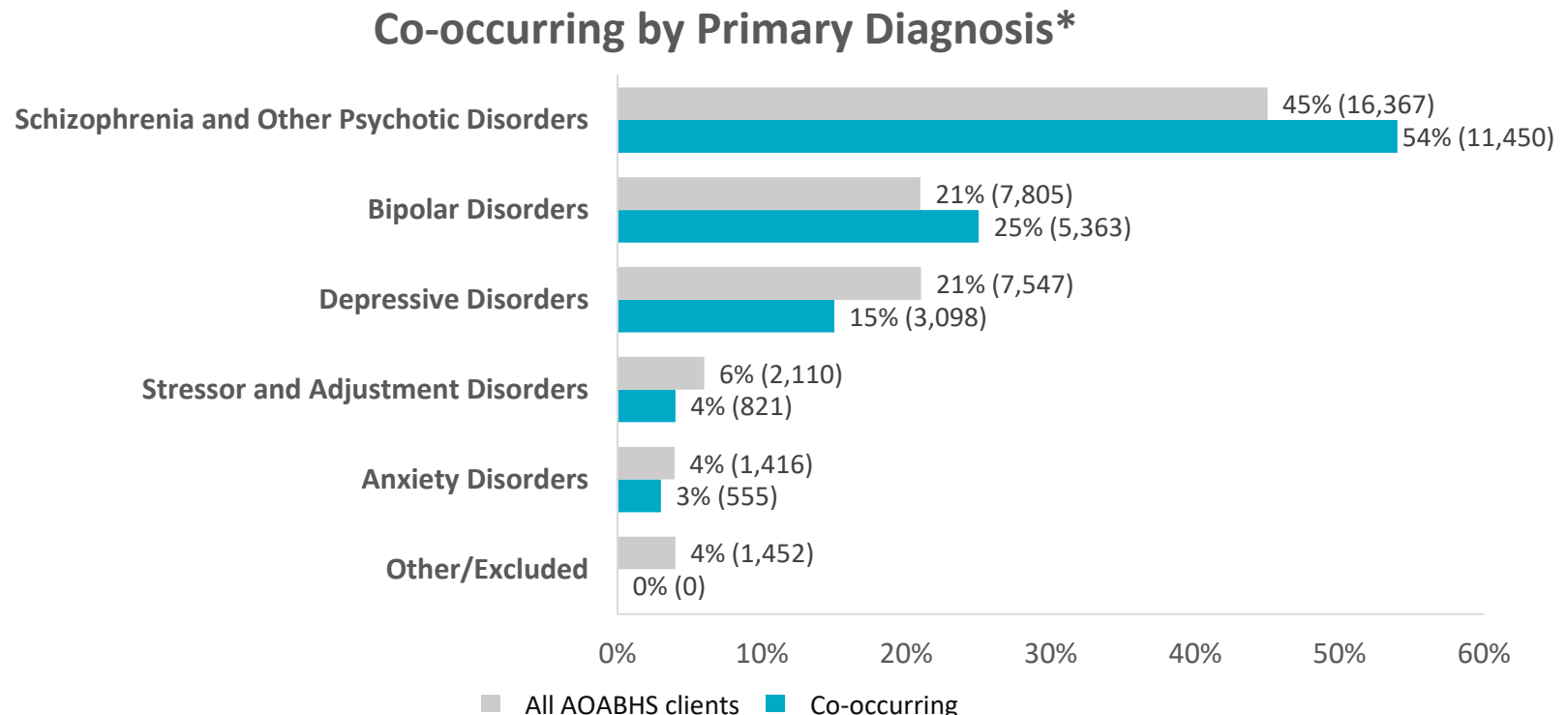
Co-occurring by Race/Ethnicity



Who are we serving?

All AOA Clients: Co-occurring Mental Illness and Substance use disorder by Primary Diagnosis

- More than half of AOA clients served during FY 2020-21 with a co-occurring mental illness and substance use disorder had been diagnosed with schizophrenia or an other psychotic disorder (54%).
- One-quarter of AOA clients served during FY 2020-21 with a co-occurring mental illness and substance use disorder had been diagnosed with a bipolar disorder (25%).

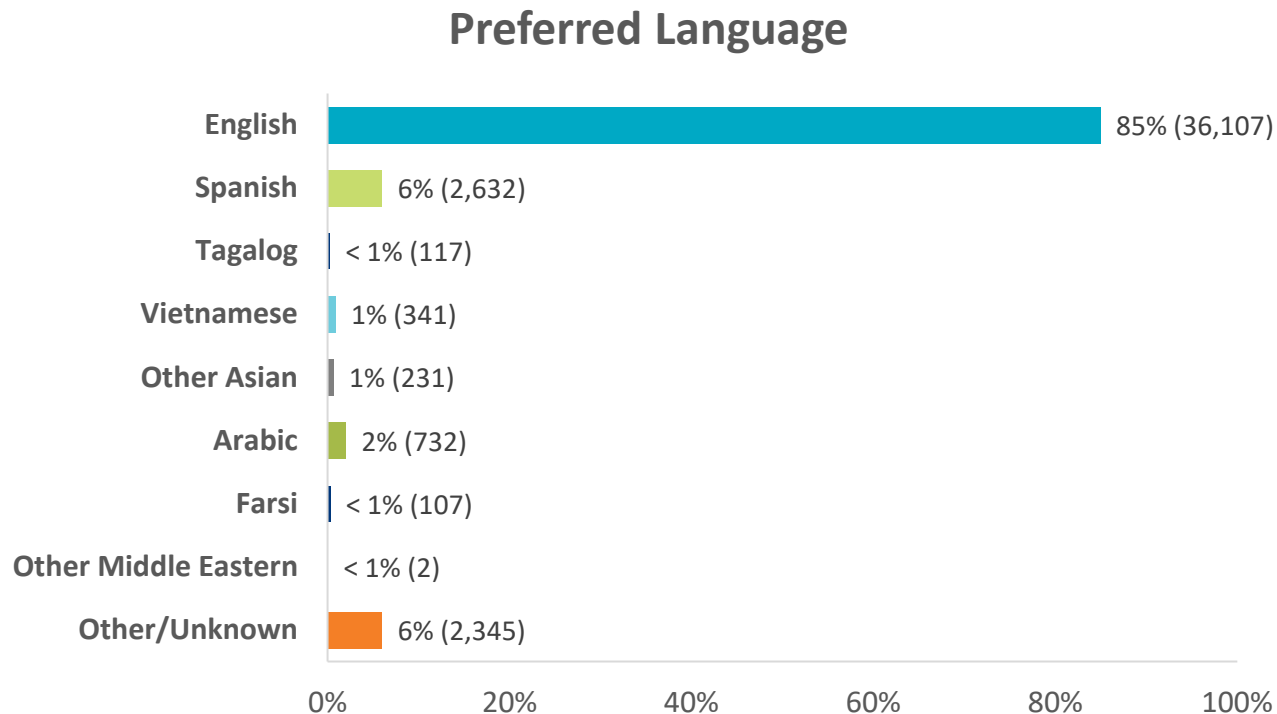


*The graph and percentages reported above exclude invalid/missing values for AOA, n = 5,917).

Who are we serving?

All AOA Clients: Primary Language

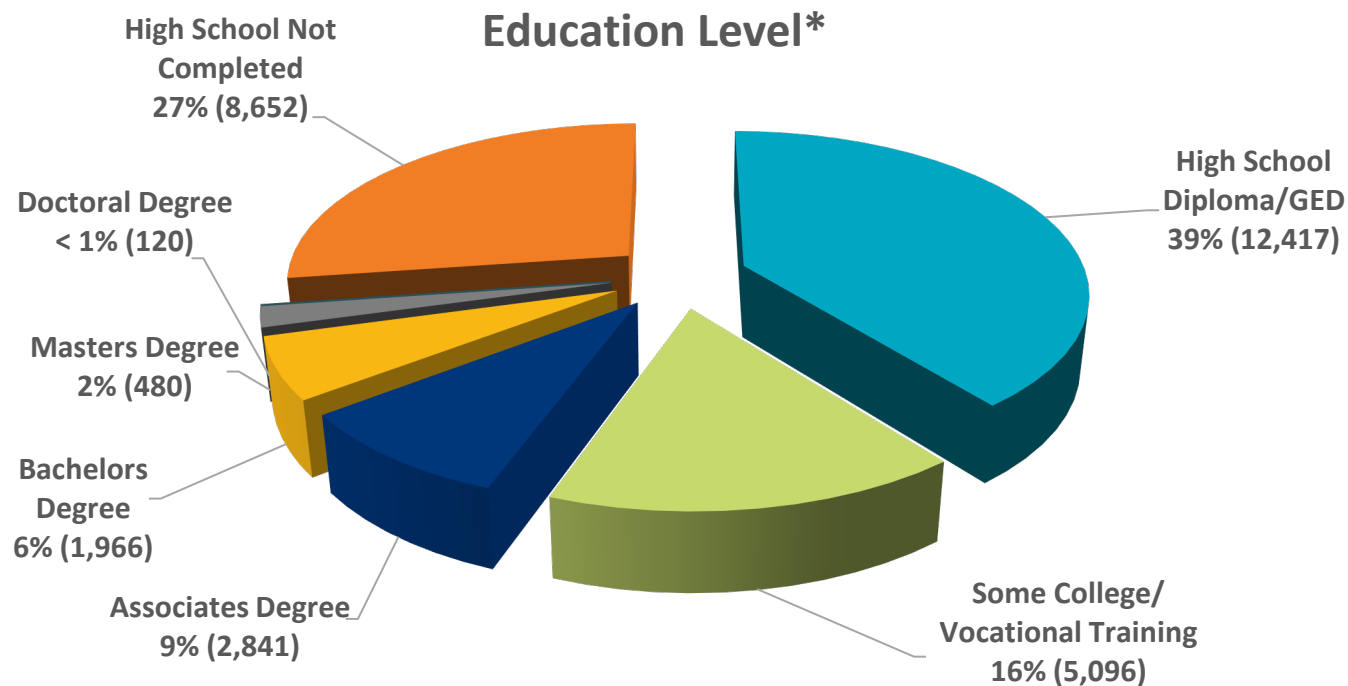
- AOABHS services are available in many languages, including the six threshold languages in San Diego County: English, Spanish, Tagalog, Vietnamese, Arabic, and Farsi.
- The proportion of clients preferring each language in FY 2020-21 remained stable from FY 2019-20. More than four-fifths (85%) of clients preferred services in English. The second most common preferred language was Spanish (6%).



Who are we serving?

All AOA Clients: Education Level

- Overall, the education level proportions of clients served during FY 2020-21 were stable from FY 2019-20.
- Over one-fourth (27%) of AOABHS clients served in FY 2020-21 did not complete high school.
- The largest proportion of clients receiving AOABHS services during FY 2020-21 had a high school diploma or GED (39%).

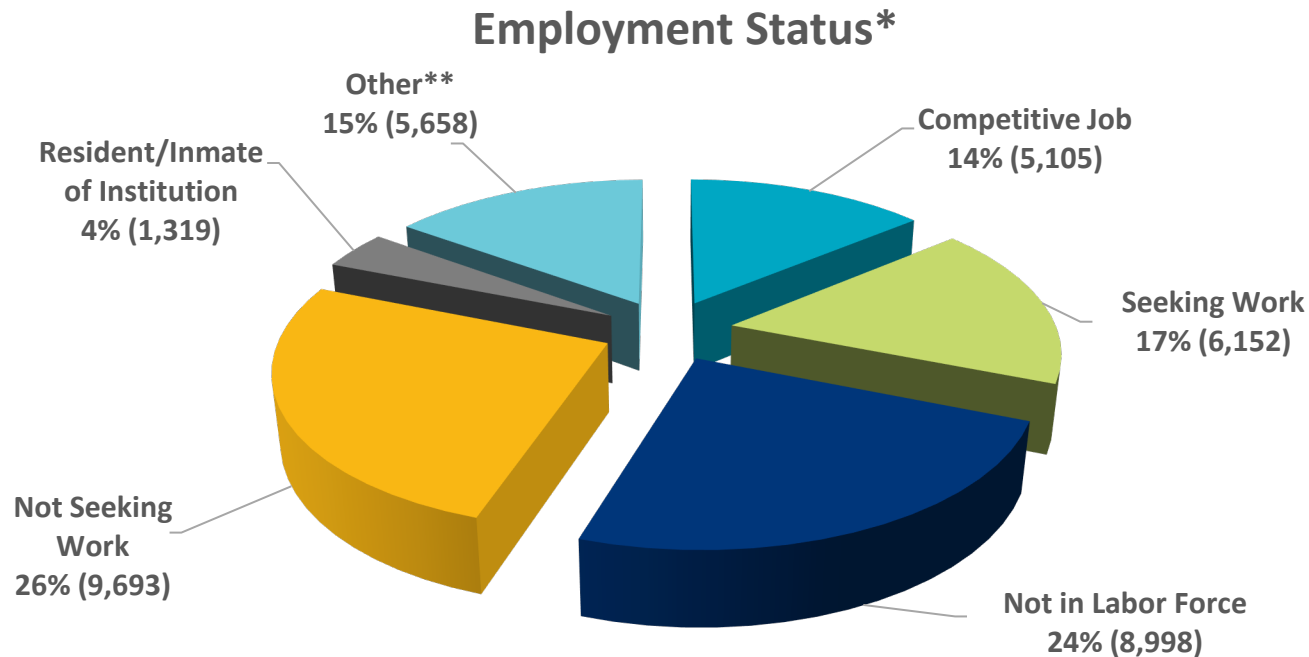


*The graph and percentages reported above exclude unknown/not reported values ($n = 11,042$).

Who are we serving?

All AOA Clients: Employment Status

- At the time of the most recent assessment, nearly one-third of clients served in FY 2020-21 were employed in a competitive job (14%) or seeking work (17%).
- 14% (5,105) of clients served during FY 2020-21 were employed in a competitive job, reflecting a 19% increase in the number of clients over time who were employed in a competitive job during FY 2020-21, compared back three years ago to FY 2017-18 (4,291).
- The number of clients served during FY 2020-21 not seeking work increased by 3% when compared with FY 2019-20 (9,693 compared to 9,413 in FY 2019-20).



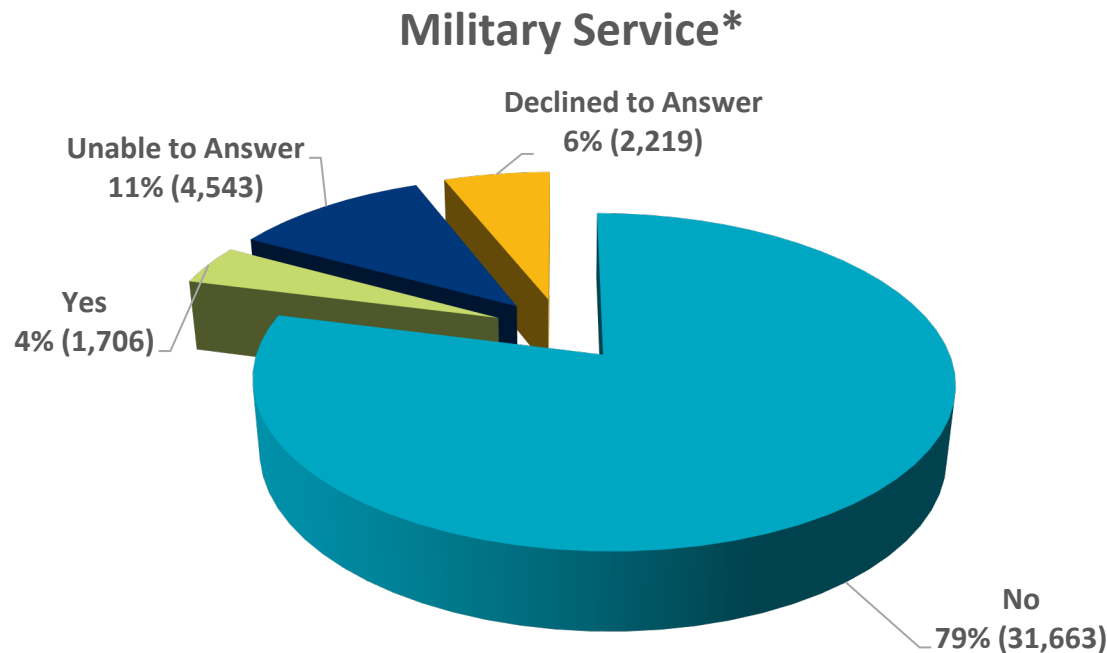
*The graph and percentages reported above exclude Unknown values (n = 5,689).

**Other includes clients who are: homemakers, retired, students, training part/full-time, or volunteers.

Who are we serving?

All AOA Clients: Military Service

- Information regarding past military service was available for 94% of AOABHS clients served during FY 2020-21, representing a 6% increase over the past three fiscal years (37,773 in FY 2017-18 to 40,131 in FY 2020-21).
- Among those clients served for whom military service data were available, 79% reported that they had no military service, and 4% indicated that they had served in the military.



*The graph and percentages reported above exclude missing values ($n = 2,483$).

Where are we serving?

All AOA Clients: Demographics by Region

Demographic	Central		East		South		North Central		North Coastal		North Inland		All AOA	
Age	N	%	N	%	N	%	N	%	N	%	N	%	N	%
<18 – 25 years	1,665	15%	614	14%	1,082	18%	4,997	20%	893	16%	511	16%	7,847	18%
26 – 59 years	7,991	74%	3,392	77%	4,499	75%	15,685	63%	4,102	74%	2,388	73%	28,454	67%
60+ years	1,200	11%	401	9%	404	7%	4,166	17%	560	10%	394	12%	6,313	15%
Gender	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Females	3,302	30%	3,302	75%	1,222	20%	11,228	45%	1,641	30%	1,479	45%	18,116	43%
Males	7,423	68%	1,272	29%	4,718	79%	13,333	54%	3,863	70%	1,767	54%	24,053	56%
Other/Unknown	131	1%	49	1%	45	1%	287	1%	51	1%	47	1%	445	1%
Race/Ethnicity	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Hispanic	3,435	32%	1,240	28%	2,875	48%	6,541	26%	1,927	35%	999	30%	12,797	30%
NH White	3,629	33%	1,735	39%	1,506	25%	10,099	41%	2,365	43%	1,560	47%	16,260	38%
NH Black/African American	1,771	16%	487	11%	839	14%	2,450	10%	518	9%	223	7%	4,646	11%
NH Asian/Pacific Islander	582	5%	104	2%	175	3%	1,239	5%	137	2%	110	3%	2,015	5%
NH Native American	60	1%	25	1%	27	<1%	121	<1%	41	1%	27	1%	211	<1%
NH Multiracial	881	8%	430	10%	289	5%	1,519	6%	319	6%	219	7%	2,528	6%
NH Other	194	2%	299	7%	101	2%	1,069	4%	130	2%	74	2%	1,609	4%
Unknown	302	3%	87	2%	173	3%	1,810	7%	118	2%	81	2%	2,548	6%
Top 3 Diagnoses	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Schizophrenia/Other Psychotic Disorders	5,234	53%	1,927	46%	2,470	46%	10,350	49%	2,248	46%	1,671	52%	16,367	45%
Bipolar Disorders	2,162	22%	845	20%	1,092	20%	3,882	18%	1,445	29%	899	28%	7,805	21%
Depressive Disorders	1,487	15%	990	24%	822	15%	4,248	20%	615	12%	472	15%	7,547	21%
Total Outpatient Clients in the Region	10,856	25%	4,407	10%	5,985	14%	24,848	58%	5,555	13%	3,293	8%	42,614	100%

Note: Regional data are duplicated across regions and de-duplicated within each region. Therefore, a client may have received services in more than one region and is counted in each region. Data shown by region reflects clients in Outpatient LOCs only. Diagnosis percentages exclude clients with an invalid/missing diagnosis. Total number of AOABHS clients = 42,614.

What types of services are being used?

All AOA Clients: Types of Services*

Outpatient Services	Total Visits	Total Clients	Emergency/Crisis Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	186,786	4,519	Urgent Outpatient (UO)	13,948	7,965
Case Management	590	17	Crisis Stabilization (CS)**	8,173	4,876
Case Management – Institutional	16,265	873	PERT	11,859	9,066
Case Management – Strengths	36,275	1,781	MCRT	103	60
Case Management – Transitional	2,280	436		Total Days	Total Clients
Fee for Service (FFS)	88,584	10,004	Crisis Residential (CR)	24,898	1,951
Outpatient	152,410	12,569	Forensic Services	Total Visits	Total Clients
Prevention	139	16	Jail	66,265	9,061
Inpatient Services	Admissions	Total Clients	24 Hour Services	Total Days	Total Clients
Inpatient – County	2,071	1,771	Edgemoor	45,254	145
Inpatient – FFS	6,208	3,879	Long Term Care (LTC)	13,545	61
State Hospital	12	12	LTC - Institutional	110,259	491
			LTC - Residential	10,604	54
			Residential	4,561	33

*Clients may use more than one service, and therefore, may be represented in more than one category.

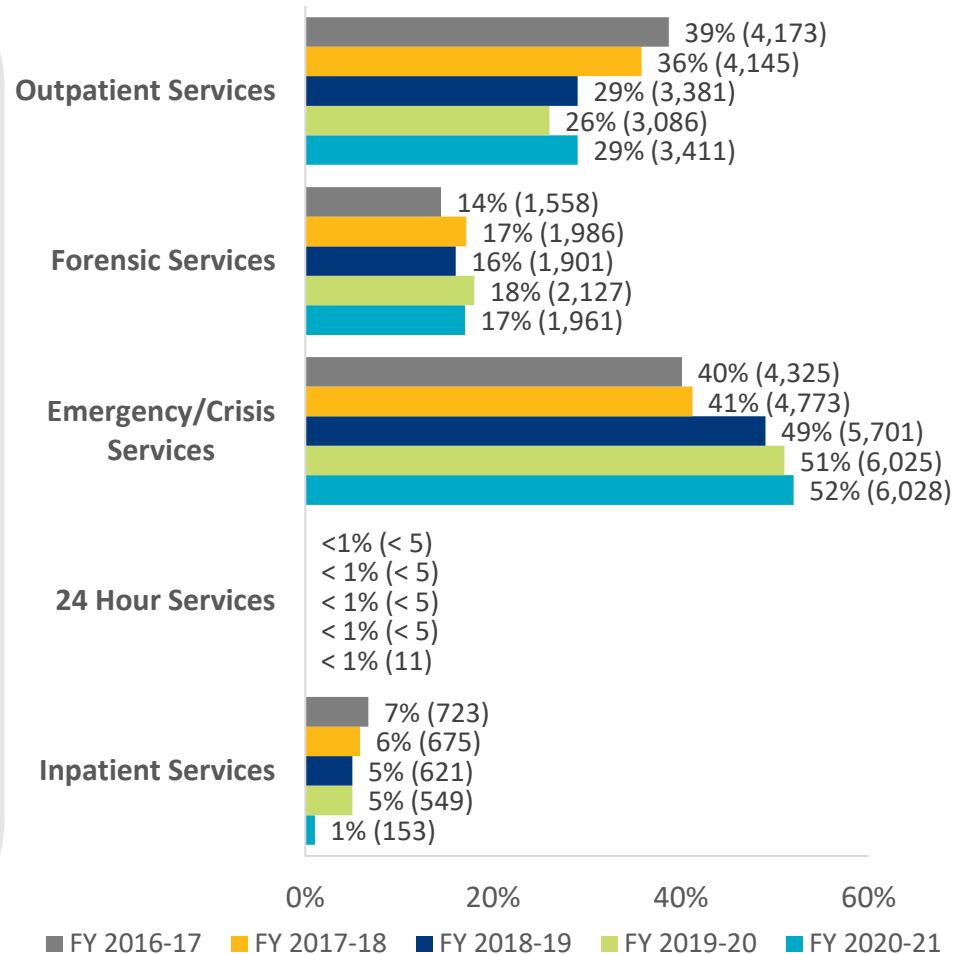
**Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.

What types of services are being used?

All AOA Clients: First Service Use*

- Similar to last fiscal year, the most common initial point of access of county-provided mental health services in FY 2020-21 was emergency/crisis services (52%).
- The proportion of clients who entered the AOABHS SOC through outpatient services was decreasing each fiscal year from FY 2016-17 through FY 2019-20 (39% to 26%) but increased from FY 2019-20 to FY 2020-21 (26% to 29%).
- The proportion of clients who entered the AOABHS SOC through emergency/crisis services during FY 2020-21 increased from FY 2019-20 (51% to 52%), continuing the upward trend observed during previous fiscal years.
- The proportion of clients entering the AOABHS SOC initially through inpatient services has consistently decreasing over the past five fiscal years, while the proportion of clients entering through 24 hour services dropped to nearly zero clients.

Types of First Service Used



*The type of service recorded for clients' first recorded use of county-provided mental health services. Proportions and client counts are unduplicated.

What types of services are being used?

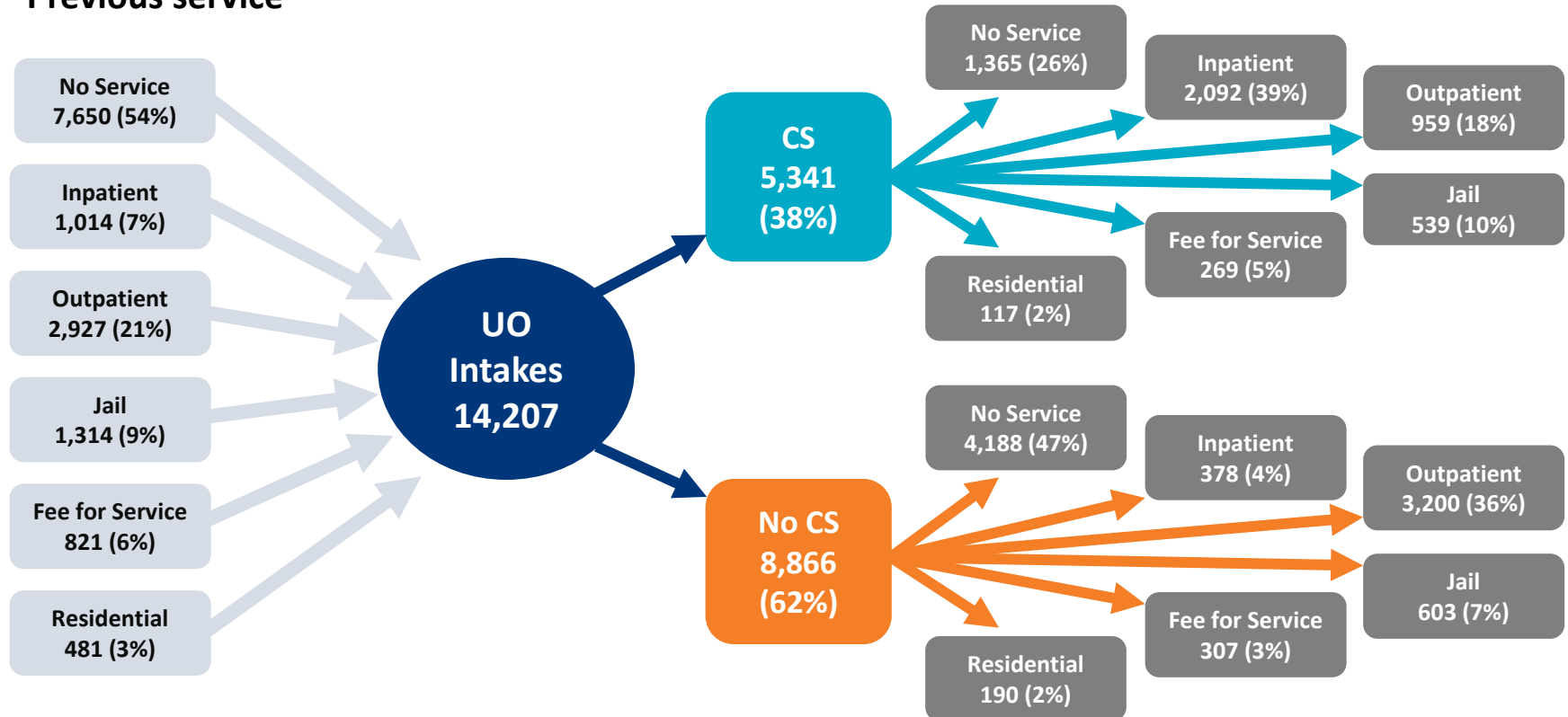
All AOA Clients: Emergency/Crisis Services

- Of the 42,614 clients served by AOABHS during FY 2020-21, 16,255 (38%) of them received emergency/crisis services. Emergency/crisis services include UO, CS, CR, Psychiatric Emergency Response Team (PERT), and Mobile Crisis Response Team (MCRT). This represents a decrease of almost 4% in the number of AOABHS clients who received emergency/crisis services during FY 2020-21, compared to FY 2019-20 (16,918 clients).
- A total of 61,446 emergency/crisis services were used by these 16,255 clients during FY 2020-21.
- The number of intakes into UO during FY 2020-21 decreased by almost 6% compared to the number of UO intakes during FY 2019-20 (14,207 in FY 2020-21 compared to 15,072 in FY 2019-20).
- Over half (54%; 7,650 clients) of AOABHS clients who received a UO intake during FY 2020-21 did not have an AOABHS service within the previous six months.
- Of the 14,207 intakes into UO, nearly two-fifths (38%) had a subsequent CS service during FY 2020-21.
- The number of clients that received an outpatient service after a CS service following a UO intake during FY 2020-21 increased by 33% when compared to FY 2019-20 (959 clients in FY 2020-21 compared to 720 clients in FY 2019-20).
- The most common service after a UO intake when CS services were not received was outpatient (36%). Almost half (46%) of clients did not access a service following a UO intake.

What types of services are being used?

All AOA Clients: Emergency/Crisis Services

Previous service*



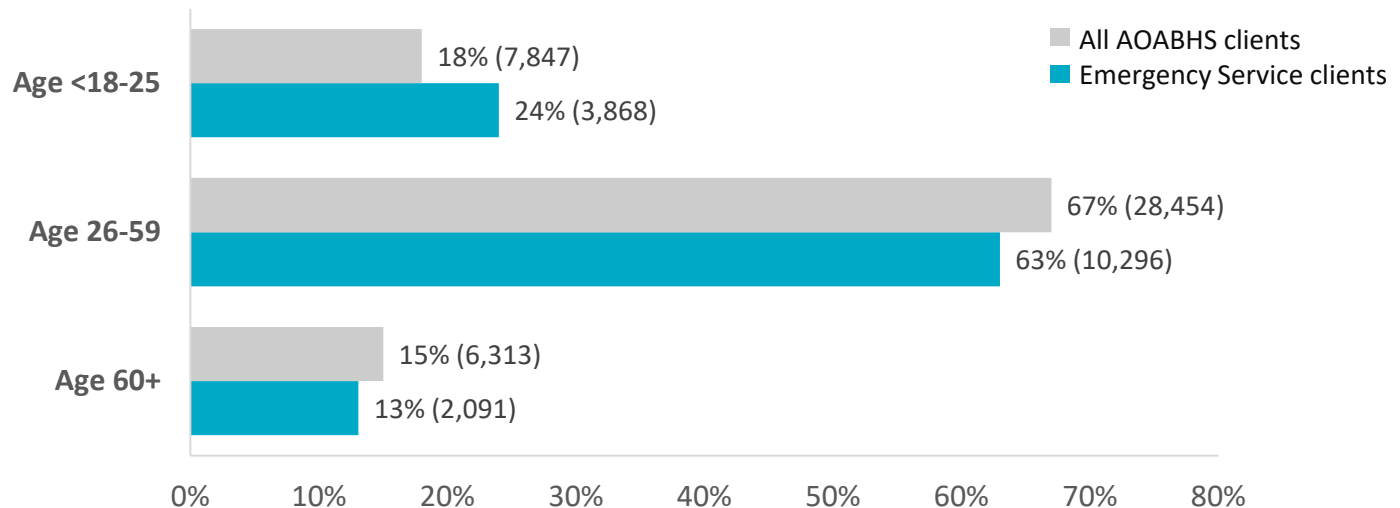
*Service history is the six months prior to the first UO service in FY 2020-21.

What types of services are being used?

All AOA Clients: Emergency/Crisis* Services and Client Age

- Similar to past fiscal years, among clients who received emergency/crisis services in FY 2020-21, there was a larger proportion of clients ages <18 through 25 years (24%) than the overall AOABHS client population (18%), and a smaller proportion of clients ages 26 through 59 years (63% vs. 67%).
- Compared to FY 2019-20, a similar proportion of clients ages <18 through 25 years of age used emergency/crisis services (24% during FY 2019-20) and of clients between the ages of 26 and 59 years used these types of services (63% in FY 2019-20) during FY 2020-21.

Clients who Used Emergency Services by Age

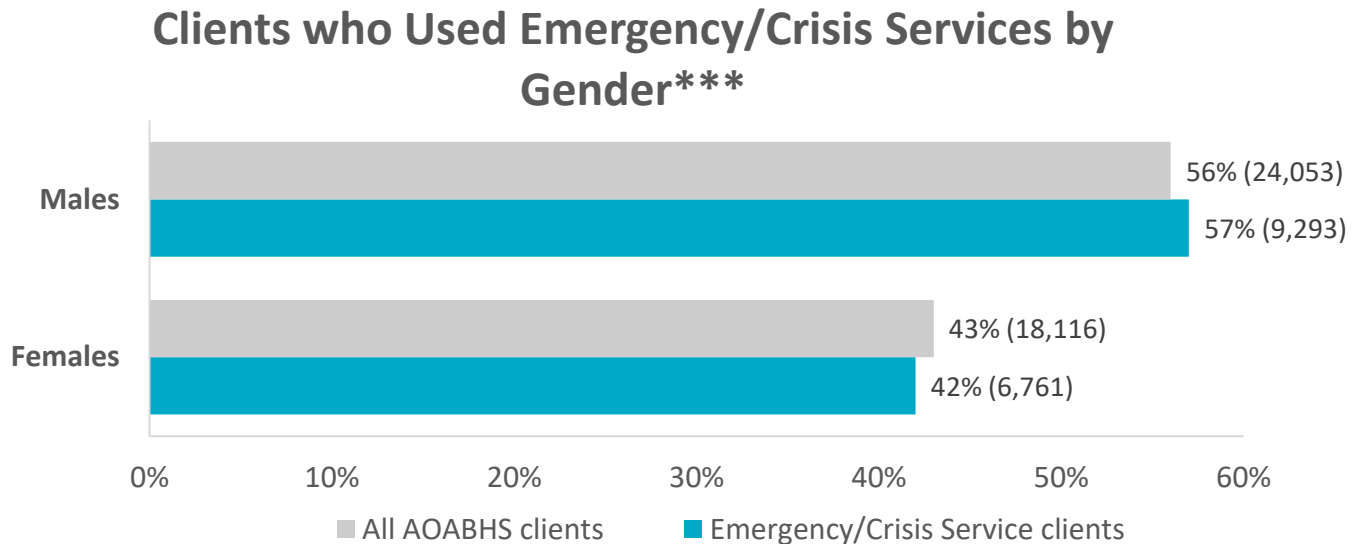


*Emergency/crisis services include UO, CS, CR, and PERT.

What types of services are being used?

All AOA Clients: Emergency/Crisis* Services and Client Gender

- Among clients who utilized emergency/crisis services during FY 2020-21, a slightly larger proportion of them were male (57%) compared to the AOABHS client population (56%). This is more than the overall adult population in San Diego County (50%).**
- Note:** The gender discrepancy among clients receiving emergency/crisis services could be related to an increased likelihood for males to be diagnosed with conditions associated with externalizing behaviors, such as schizophrenia and other psychotic disorders, and females to be diagnosed with conditions associated with more passive symptomatology, such as depressive disorders.



*Emergency/crisis services include UO, CS, CR, and PERT.

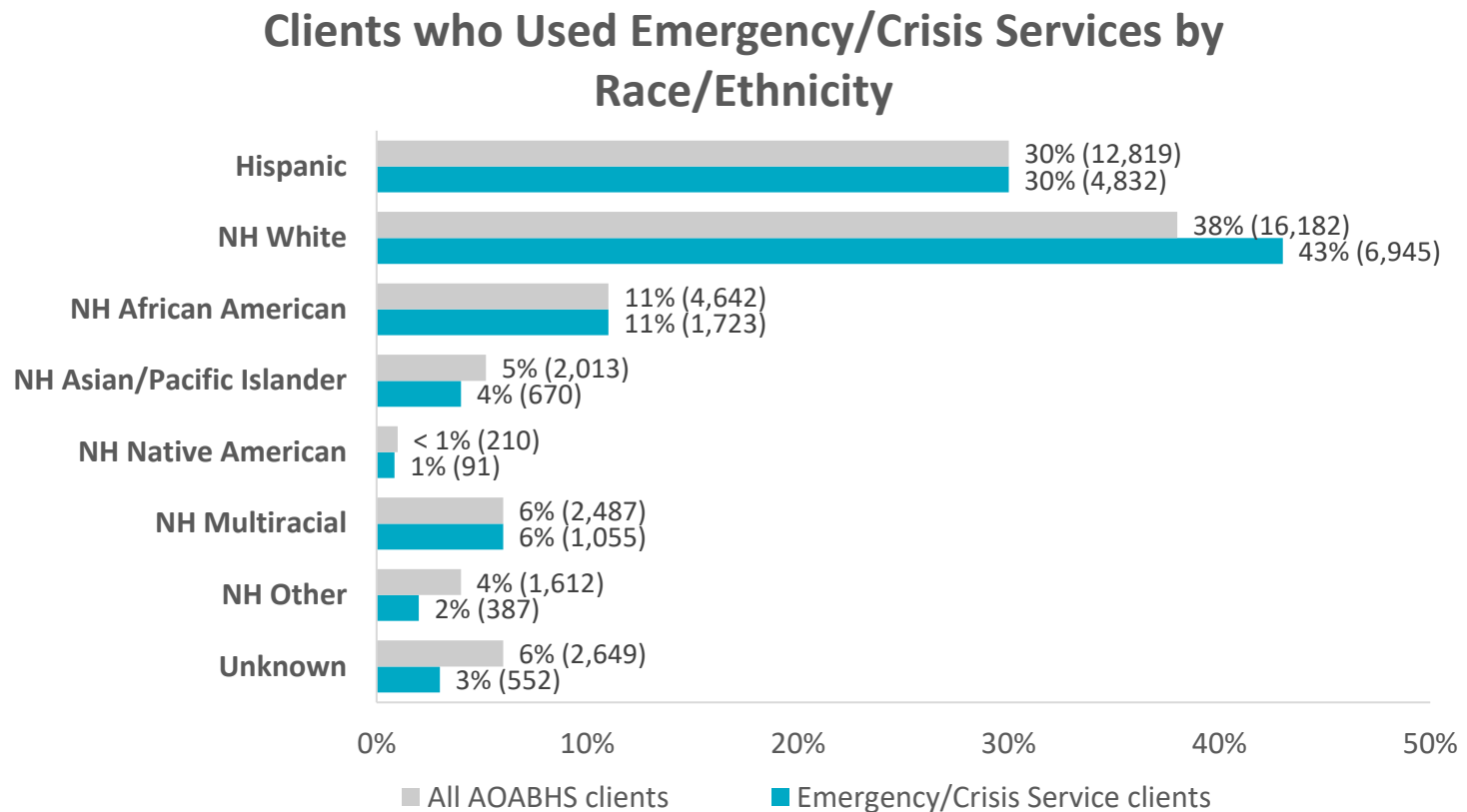
** Source: U.S. Census Bureau, 2019 American Community 5-Year Estimates Age and Sex (San Diego County population)

***The figure excludes the other/unknown categories, comprising 1% of the clients receiving emergency/crisis services (201 clients) and overall AOABHS (445 clients) population.

What types of services are being used?

All AOA Clients: Emergency/Crisis* Services and Client Race/Ethnicity

- Similar to previous fiscal years, a larger proportion of clients who utilized emergency/crisis services during FY 2020-21 were non-Hispanic White (43%) compared to the overall AOABHS client population (38%).

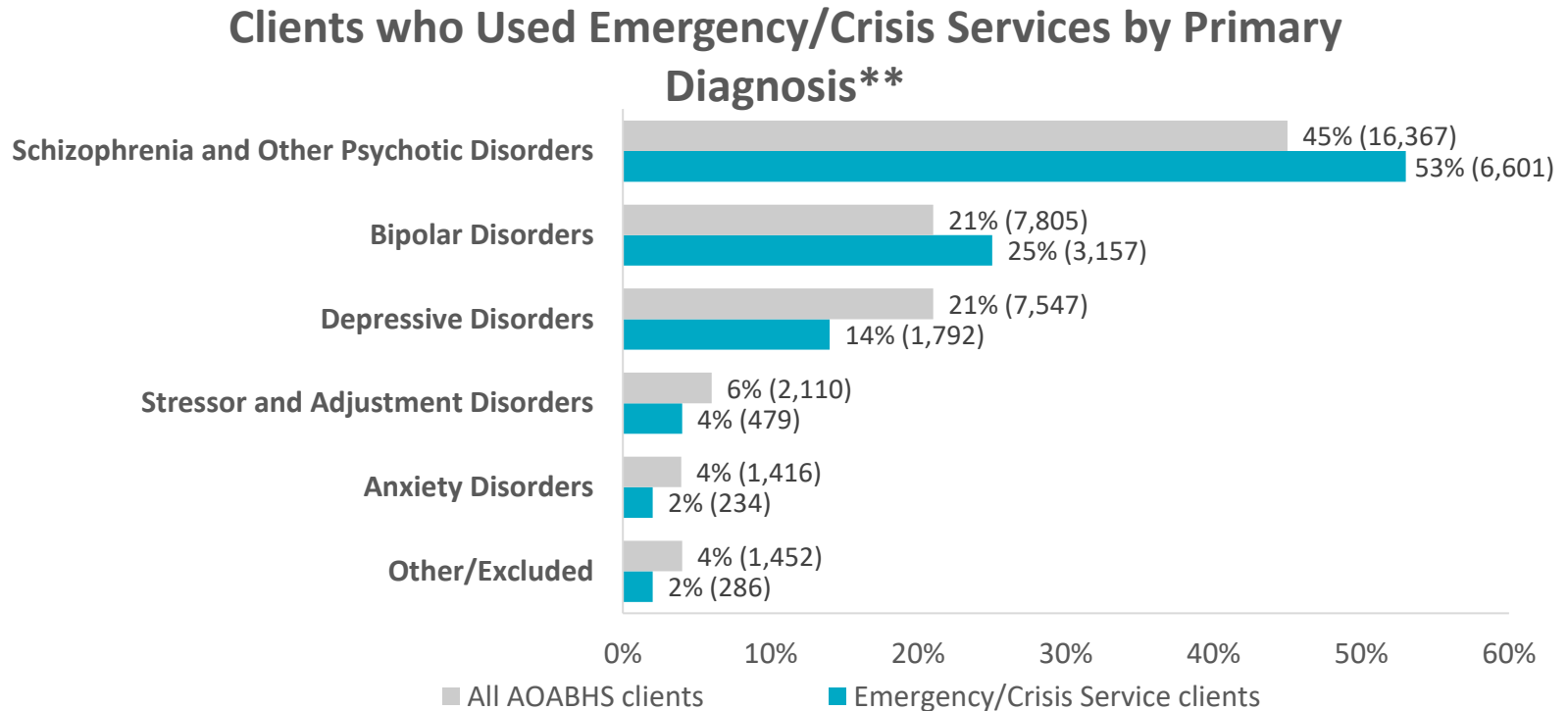


*Emergency/crisis services include UO, CS, CR, and PERT.

What types of services are being used?

All AOA Clients: Emergency/Crisis* Services and Primary Diagnosis

- Similar to previous fiscal years, the largest proportion of clients who utilized emergency/crisis services during FY 2020-21 were those diagnosed with schizophrenia and other psychotic disorders (53%), a larger proportion from FY 2019-20 (50%).
- One-quarter of clients who utilized emergency/crisis services during FY 2020-21 were diagnosed with a bipolar disorder (25%) and almost one-fifth (14%) were diagnosed with a depressive disorder.



*Emergency/crisis services include UO, CS, CR, and PERT.

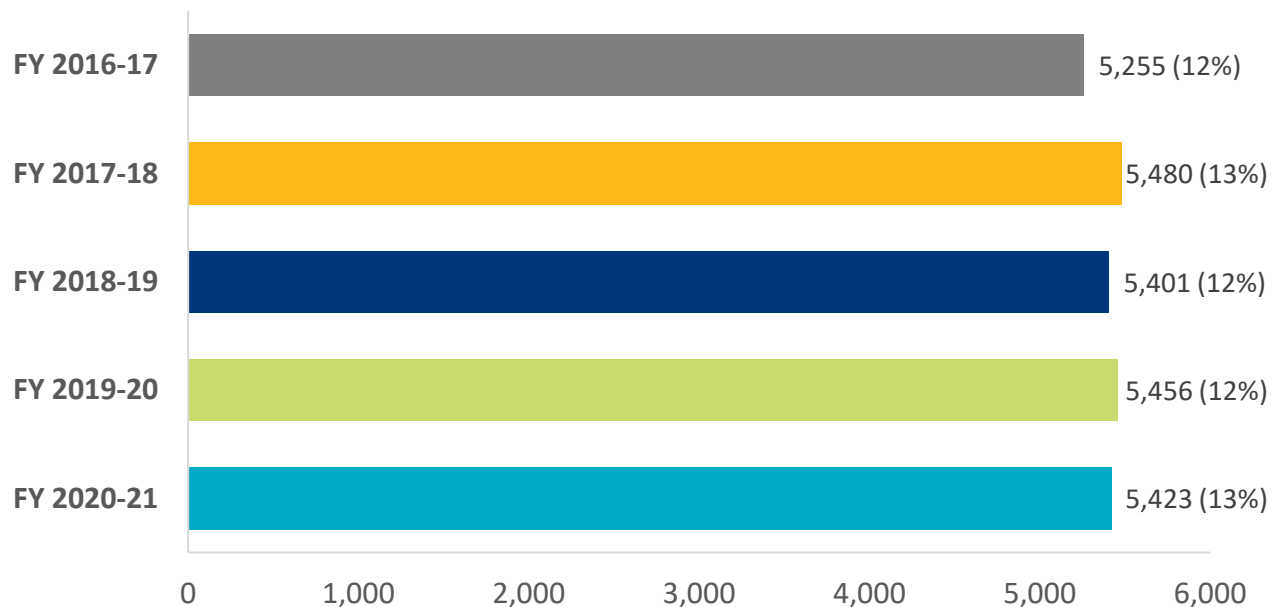
**The graph and percentages reported above exclude invalid/missing values (clients receiving emergency/crisis services, n = 3,706; AOA, n = 5,917).

What types of services are being used?

All AOA Clients: Hospitalizations

- 5,423 (13%) AOA clients were hospitalized at least once during FY 2020-21, for a total of 8,291 hospital admissions.
- The proportion of AOA clients hospitalized has remained fairly consistent over the past five fiscal years.
- The lowest number of hospitalizations among AOA clients was observed during FY 2016-17 (5,255) over the past five years.

Number of Clients Hospitalized by Fiscal Year*



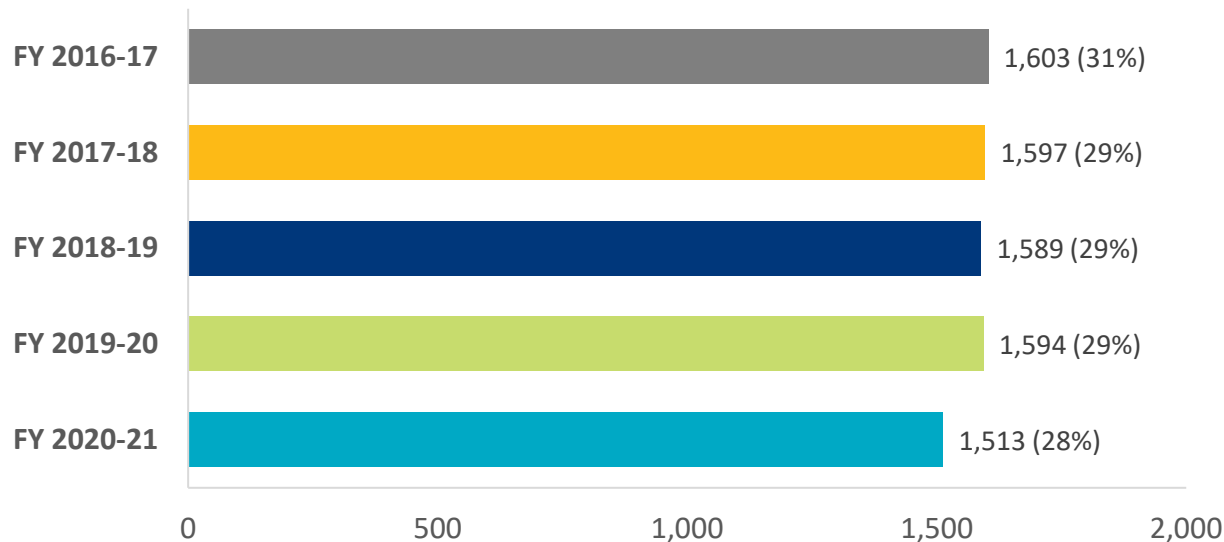
*(%) = percentage of unduplicated clients hospitalized out of the total number of clients receiving services during each FY.

What types of services are being used?

All AOA Clients: Multiple Hospitalizations

- Of the 5,423 AOA clients hospitalized during FY 2020-21, 1,513 of them (28%) were hospitalized at least one additional time during the fiscal year.
- The number of AOA clients with multiple hospitalizations during FY 2020-21 is the lowest it has been over the past five years. In addition, the proportion of hospitalized AOA clients with multiple hospitalizations during FY 2020-21, has remained the same or decreased each fiscal year since FY 2016-17 (31% to 28%).

Number of Unique Clients Hospitalized Multiple Times by Fiscal Year*

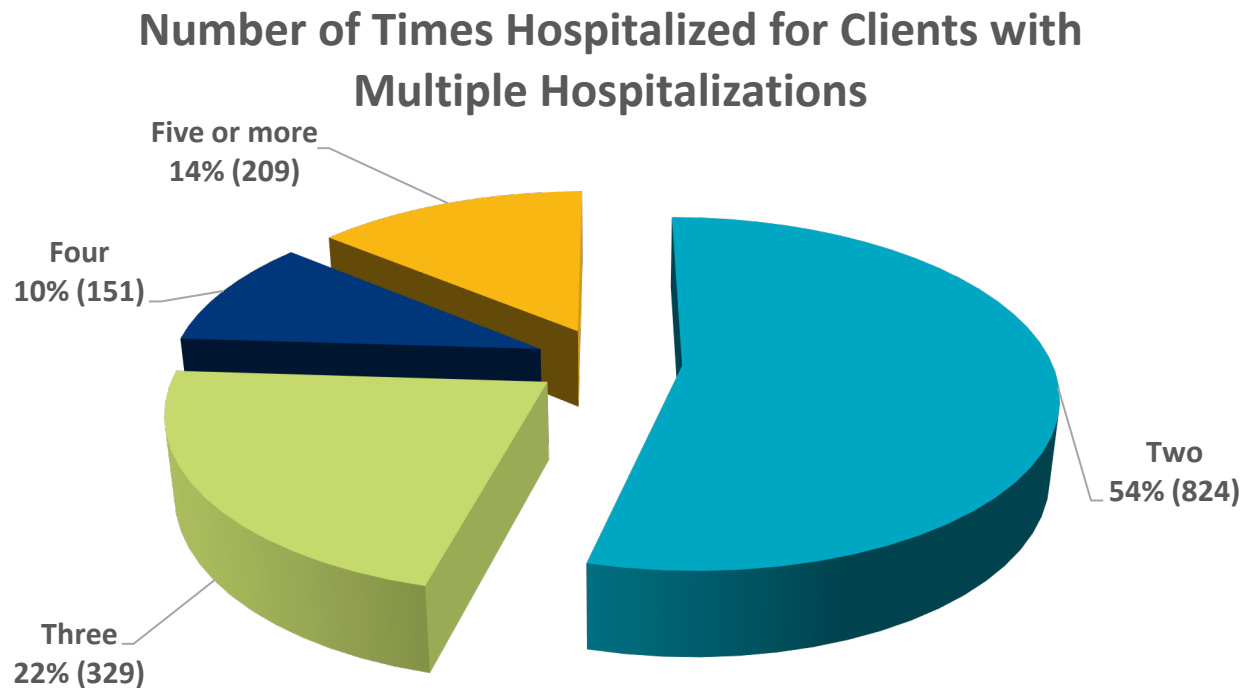


*(%) = percentage of clients hospitalized multiple times out of the number of clients hospitalized at least once during each fiscal year.

What types of services are being used?

All AOA Clients: Multiple Hospitalizations

- 1,513 AOA clients were hospitalized at least twice during FY 2020-21.
- Of the 1,513 AOA clients hospitalized more than once during FY 2020-21, more than half were hospitalized a total of two times (54%), over one-fifth (22%) were hospitalized three times, 10% were hospitalized four times, and 14% were hospitalized five or more times.

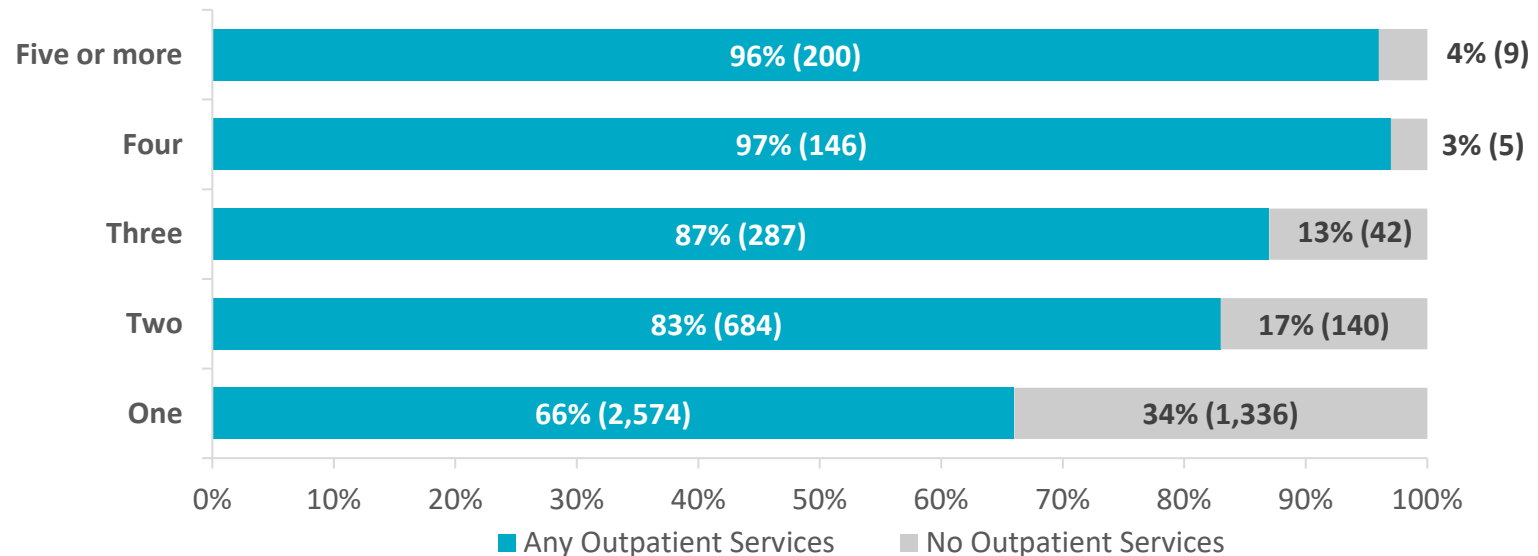


What types of services are being used?

All AOA Clients: Multiple Hospitalizations and Service Use

- The majority of clients with three or more hospitalizations received some outpatient adult mental health services* during FY 2020-21 (92%).
- Of the 824 AOA clients with two hospitalizations during FY 2020-21, 140 of them (17%) did not use any outpatient adult mental health services during the fiscal year.
- Slightly over one-third of clients (34%) with only one hospitalization in FY 2020-21 did not use any outpatient services.

Hospitalizations by Service Use



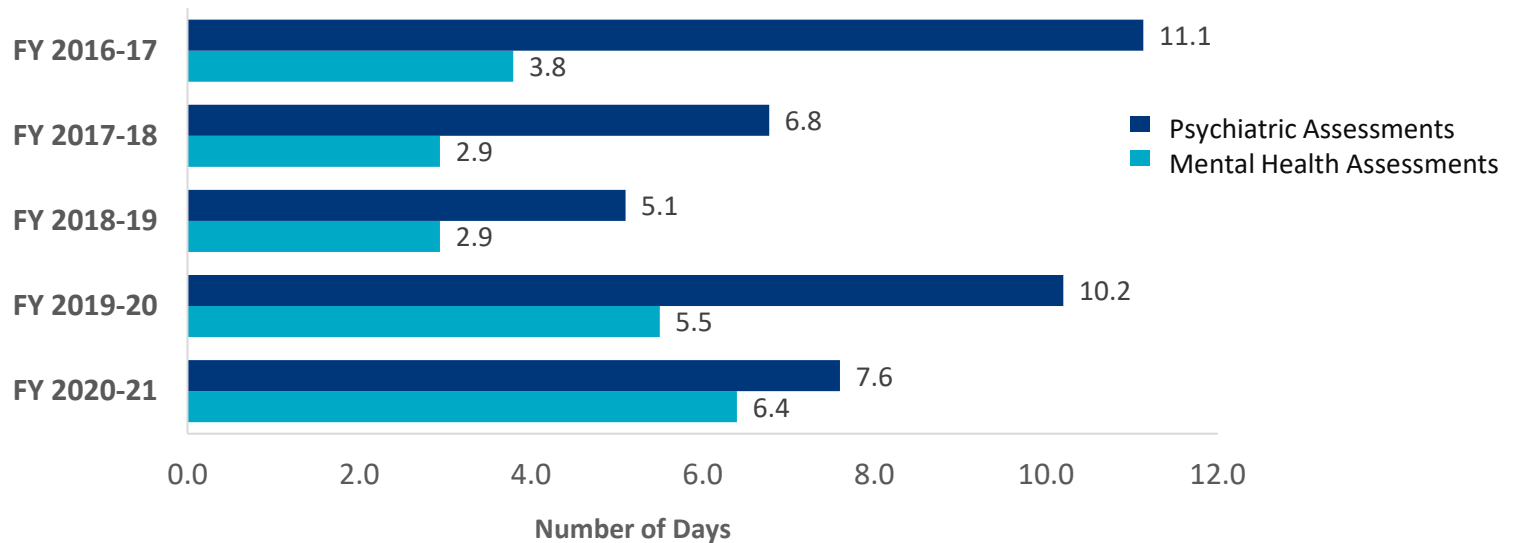
*Outpatient services include: ACT, Case Management, FFS, Outpatient, and Prevention services.

Accessibility of Services

All AOA Clients: Access

- Average access times for psychiatric assessments fluctuated over the past five fiscal years. Compared to FY 2019-20, average wait times decreased from approximately 10 days to 8 days in FY 2020-21.
- Average access times for mental health assessments decreased slightly in FY 2018-19 from FY 2016-17, but wait times increased to the highest average of the past five fiscal years to over 6 days during FY 2020-21.

Average Access Time in Days for Psychiatric and Mental Health Assessments



Are clients getting better?

All AOA Clients: Client Outcomes (IMR and RMQ)*

- Clinicians reported that clients are getting better as evidenced by significant improvements from pre to post assessment in the ability to manage symptoms, progress towards recovery, experience low or minimal impairment in functioning due to drug or alcohol use, and the overall IMR mean.
- Clients self-reported significant improvement in their overall mental health status via the RMQ from pre to post assessment.

Illness Management and Recovery (IMR)		N	Pre	Post	Change
Substance Use Subscale		4,469	4.10	4.20	▲
Management Subscale		4,786	2.80	2.96	▲
Recovery Subscale		4,770	2.93	3.00	▲
Overall Mean		4,796	3.21	3.31	▲
Recovery Markers Questionnaire (RMQ)		N	Pre	Post	Change
Overall Mean		2,658	3.61	3.69	▲

Legend

▲ Significant positive change ($p < .05$)

▲ Non-significant positive change

▶ No change

**The outcomes reported here include all AOABHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2020-21 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.*

Are clients satisfied with services?

All AOA Clients: Client Satisfaction

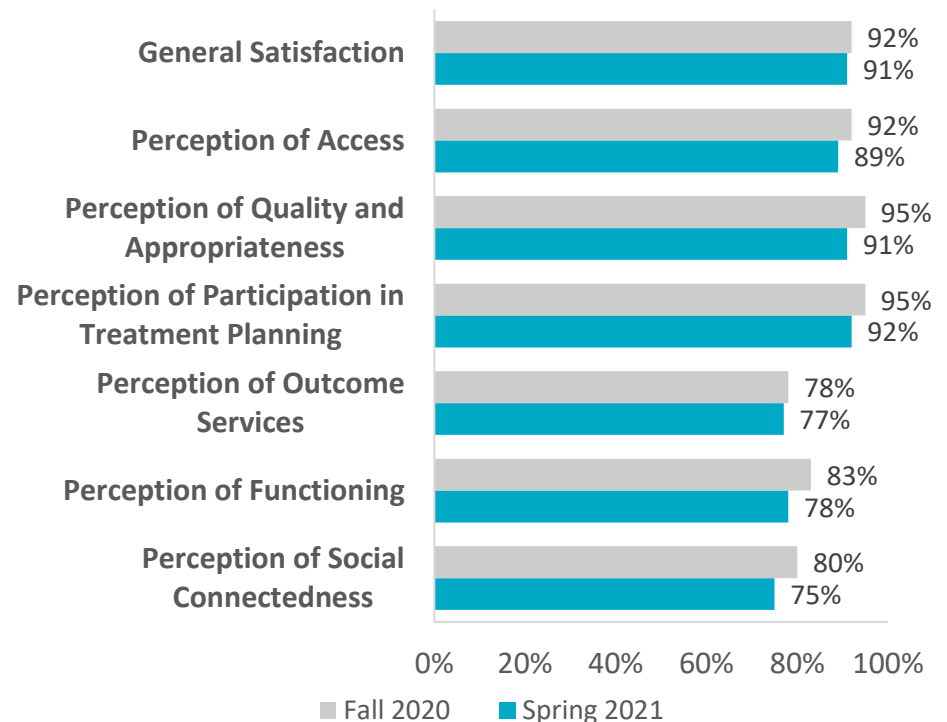
- The AOABHS SOC in San Diego County offers a variety of treatment, rehabilitation, and recovery services to help people experiencing persistent and severe mental illness or an additional health crisis.
- All services provided are oriented to meet the unique linguistic and cultural needs of the individuals served. To evaluate AOABHS services, clients are asked for their feedback via a semiannual anonymous survey during each spring and fall.

The Mental Health Statistics Information Program (MHSIP) Consumer Satisfaction Survey is used to rate client satisfaction with services and perception of outcomes using a 5-point scale (strongly disagree to strongly agree), and is comprised of seven domains:

- **General Satisfaction**
- **Perception of Access**
- **Perception of Quality and Appropriateness**
- **Perception of Participation in Treatment Planning**
- **Perception of Outcome Services**
- **Perception of Functioning**
- **Perception of Social Connectedness**

During FY 2020-21, the MHSIP was administered in December 2020 (N= 1,087) and in June 2021 (N=1,482).

MHSIP Domain Scores* in FY 2020-21



*Scores reflect the percentage of clients who agreed or strongly agreed with each domain.

Are clients satisfied with services?

Adult SUD Clients: Client Satisfaction

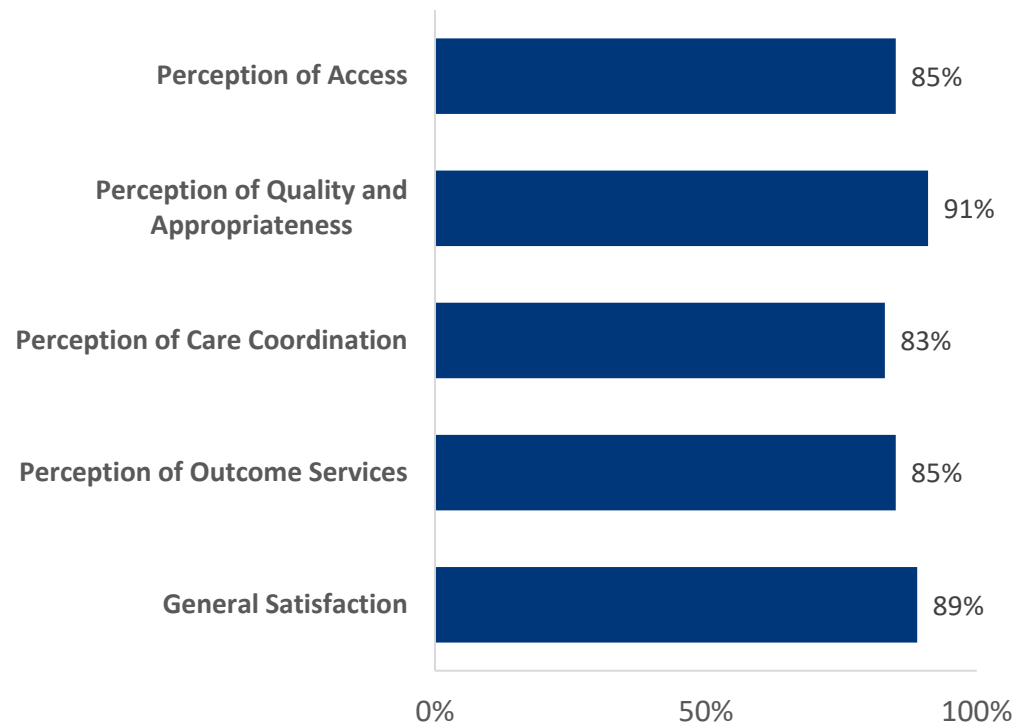
- The DMC-ODS in San Diego County offers a variety of treatment, withdrawal management, and recovery services to help people with substance use disorders.
- All services provided within the DMC-ODS are oriented to meet the unique linguistic and cultural needs of those served. To evaluate DMC-ODS services, clients are asked for their feedback via an annual anonymous survey during the fall.

The Treatment Perceptions Survey (TPS) is used to rate client satisfaction with services and access to services using a 5-point scale (strongly disagree to strongly agree). The Adult version of the TPS is comprised of five domains:

- **Perception of Access**
- **Perception of Quality and Appropriateness**
- **Perception of Care Coordination**
- **Perception of Outcome Services**
- **General Satisfaction**

During FY 2020-21, the TPS was administered in September 2021 (N=1,602).

Adult TPS Domain Scores* in FY 2020-21



*Scores reflect the percentage of clients who agreed or strongly agreed with each domain.

Are clients satisfied with services?

Youth SUD Clients: Client Satisfaction

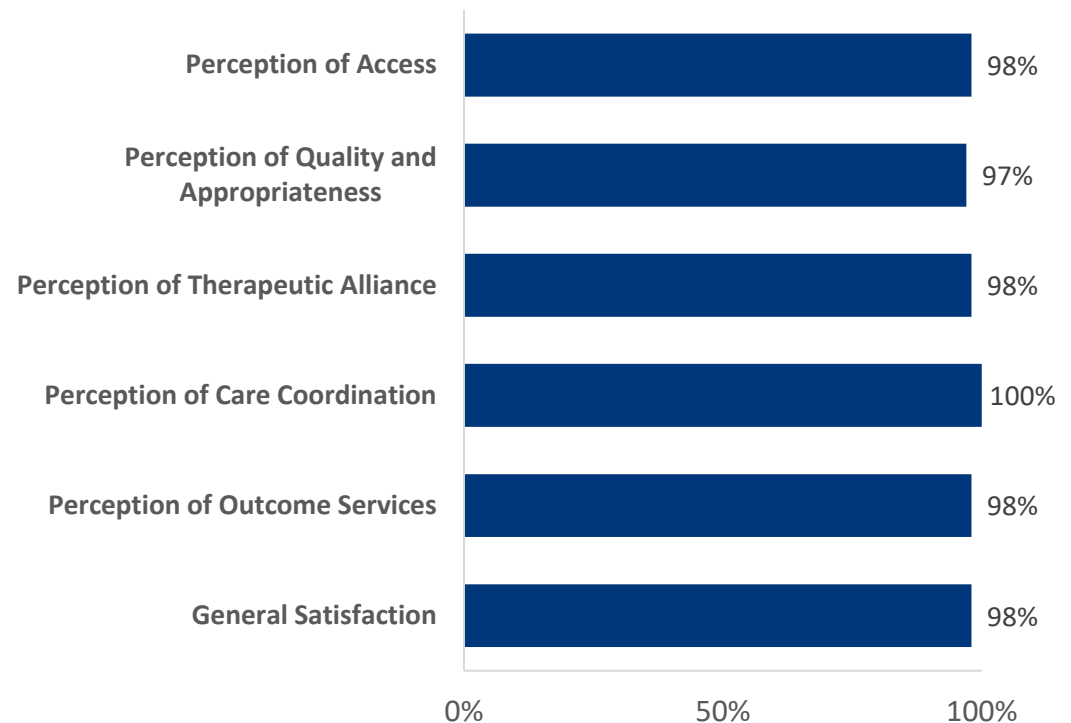
- The DMC-ODS in San Diego County also offers treatment to help youth with substance use disorders.
- To evaluate DMC-ODS services, youth clients who receive services from one of the Teen Recovery Centers or Adolescent Group Homes within the DMC-ODS are asked for their feedback via an annual anonymous survey during the fall.

The Treatment Perceptions Survey (TPS) is used to rate client satisfaction with services and access to services using a 5-point scale (strongly disagree to strongly agree). The Youth version of the TPS is comprised of six domains:

- **Perception of Access**
- **Perception of Quality and Appropriateness**
- **Perception of Therapeutic Alliance**
- **Perception of Care Coordination**
- **Perception of Outcome Services**
- **General Satisfaction**

During FY 2020-21, the TPS was administered in September 2021 (N=58).

Youth TPS Domain Scores* in FY 2020-21



*Scores reflect the percentage of clients who agreed or strongly agreed with each domain.

Mental Health Services Act Components

MHSA Components

Community Services and Supports

Community Services and Supports (CSS) programs enhance the systems of care for delivery of mental health services for adults and older adults with serious mental illness (SMI), resulting in the highest benefit to the client, family, and community. Full Service Partnership (FSP) programs provide a full array of services to clients and families using a “whatever it takes” approach to help stabilize the client and provide timely access to needed help for unserved and underserved adults of all ages. Other programs funded through CSS provide outreach and engagement activities.

Prevention and Early Intervention Programs

Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To ensure access to appropriate support at the earliest point of emerging mental health problems and concerns, Prevention and Early Intervention (PEI) builds capacity for providing mental health early intervention services at sites where people go for other routine activities. Through PEI, mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness. During FY 2020-21, 5,694 AOA clients were served by PEI programs.

Innovations

Innovation (INN) programs are short-term novel, creative and/or ingenious mental health practices or approaches that contribute to learning. The programs are developed through an inclusive and representative community process. The INN component allows counties the opportunity to try out new approaches that can inform current and future mental health practices/approaches. The INN funding for the INN-16 Urban Beats and INN-17 CREST program ended on June 30, 2020. In 2018-19, funding for the following five INN programs began: Perinatal (Accessible Depression and Anxiety Postpartum Treatment, ADAPT) program, Telemental Health (BH Connect) program, Roaming Outpatient Access Mobile (ROAM) program, ReST Recuperative Housing (Just Be U) program, and Medication Clinic (Center for Child and Youth Psychiatry, CCYP) program.

Mental Health Services Act Components

MHSA Components – Continued

Workforce Education and Training

Workforce Education and Training (WET) programs provide support, education, and training to the public behavioral health workforce to recruit and retain qualified individuals who provide services to persons with mental illnesses and/or substance use disorders in the County of San Diego. The WET component provides training and financial incentives to increase and support the public behavioral health workforce. Furthermore, these programs seek to enhance the competency and diversity of the workforce to better meet the needs of the population served. In FY 2020-21, the estimated WET expenditures of \$3,349,971 reflected a budget increase of \$58,261 in MHSA funding from the MHSA Three-Year Plan funding priorities for FYs 2017-18 and 2018-19. The increase was due to an enhancement of one of the WET programs. In FY 2020-21, approximately \$2.3 million in CSS funds were transferred to the WET component to continue funding programs. WET funds were received as one-time allocation and the balance of WET funds has been fully expended; therefore, the need for additional WET funds will be evaluated annually.

Capital Facilities and Technological Needs

Capital Facilities and Technological Needs (CFTN) funding is used for capital projects and technological capacity to improve mental illness service delivery to clients and their families. Capital Facility funds may be used to acquire, develop, or renovate buildings, or to purchase land in anticipation of constructing buildings. Expenditures must result in a capital asset which permanently increases the San Diego County infrastructure. Technological Needs (TN) funds may be used to increase client and family engagement by providing the tools for secure client and family access to health information. The programs modernize information systems to ensure quality of care, operational efficiency, and cost effectiveness. CFTN funds were received as a one-time allocation that must be spent by June 30, 2018; however, due to the State's new reversion guidelines, the deadline will be extended so counties have an opportunity to complete CFTN projects using unspent funds. The estimated CFTN expenditures for FY 2019-20 is \$6,167,611, reflecting a budget increase of \$6,167,611 in MHSA funding from the MHSA Three-Year Plan funding priorities for FYs 2017-18 and 2018-19. The increase is due to delays in facility and TN projects that were planned to be completed in FY 2018-19, but are now slated for completion in FY 2019-20 or FY 2020-21. In FY 2018-19, up to \$500,000 of CSS funds were transferred to the Capital Facilities component to complete construction of the North County Mental Health Facility.

To learn more about the MHSA, please visit <http://sandiego.camhsa.org/>



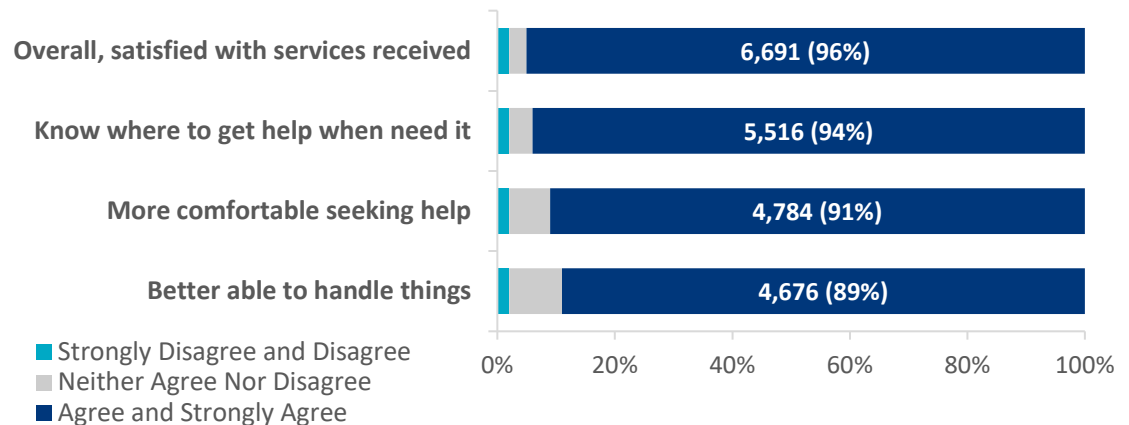
Prevention and Early Intervention (PEI)

PEI Clients: Demographics and Client Satisfaction

PEI Client Demographics		
Age	N	%
<18 – 25 years	811	14%
26 – 59 years	3,019	53%
60+ years	1,684	30%
Unknown/Not Reported	180	3%
Gender	N	%
Female	3,611	63%
Male	1,837	32%
Other	41	1%
Unknown/Not Reported	205	4%
Race (Census Categories)	N	%
White/Caucasian	2,303	40%
African American/Black	659	12%
Asian	516	9%
Pacific Islander	29	< 1%
American Indian/Alaskan Native	38	< 1%
More than One Race	116	2%
Other	65	1%
Unknown/Not Reported	1,968	35%
Total PEI Clients Served	5,694	100%

- The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity.
- San Diego County funded 11 contractors to provide PEI services for adults. The focus of these programs varies widely, yet each contractor collects information on the demographics of their participants and their satisfaction with the services provided.
- The 5,694 PEI clients served in FY 2020-21 decreased from the 10,200 clients served in FY 2019-20. However, the proportion of clients reporting overall satisfaction with services increased from FY 2019-20 to FY 2020-21 (91% in FY 2019-20 to 96% in FY 2020-21).

Client Satisfaction*



*The number of clients who completed the client satisfaction survey varied from 5,263 to 7,002. These data are not recorded in CCBH. For more information on AOABHS PEI programs, see the PEI summary reports – Adult Summary: https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html

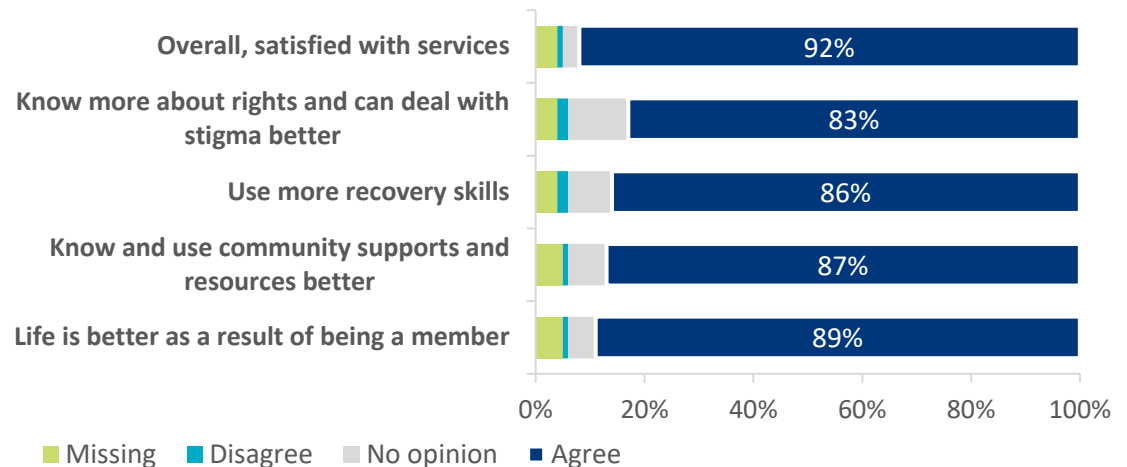
Clubhouses

Clubhouse Members: Demographics and Client Satisfaction

Clubhouse Members Demographics		
Age	N	%
16 – 25 years	197	6%
26 – 59 years	1,753	57%
60+ years	774	25%
Unknown/Not Reported	354	12%
Gender	N	%
Female	872	28%
Male	820	27%
Other	20	<1%
Unknown/Not Reported	1,366	44%
Race (Census Categories)	N	%
American Indian	17	1%
Black or African American	177	6%
Asian	185	6%
Native Hawaiian or Pacific Islander	8	<1%
White	627	20%
Hispanic or Latino	529	17%
Multiracial	106	3%
Other/Prefer Not to Answer	83	3%
Unknown/Not Reported	1,346	44%
Total PEI Clients Served	3,078	100%

- A Clubhouse is a membership organization open to people who have a history of mental illness, where members participate in various activities that support their recovery.
- During FY 2020-21, there were 12 clubhouses in San Diego County funded by the County of San Diego Health and Human Services Agency across the Central, East, South, North Coastal, North Inland, and North Central regions.
- ClubHOMS, which fully launched on July 1, 2019, is the main mechanism for tracking activities and member outcomes.
- The Clubhouses served 3,078 unduplicated members in FY 2020-21 with a total of 87,059 Clubhouse attendance/visits.
- The majority of members (92%) reported overall satisfaction with clubhouse services and would recommend them to others.

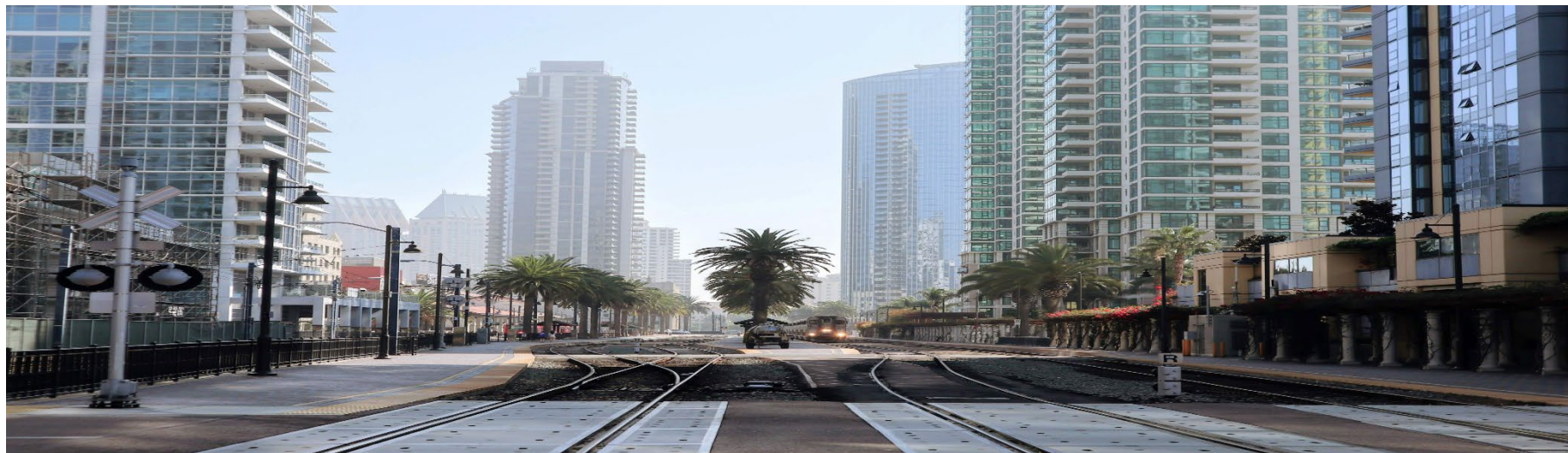
Client Satisfaction (N=461)



MHSA: Innovations Projects

- The Mental Health Services Act (MHSA) provides resources for the Innovation Component of the County's Three-Year Program and Expenditure Plan. Funding under this component is to be used to: increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration; and increase access to services.
- Innovations' creative, novel, and ingenious mental health practices/approaches are expected to contribute to learning and are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals, and which are aligned with the General Standards identified in the MHSA. The Innovation Component allows counties the opportunity to try out new approaches that can inform current and future mental health practices/approaches.
- Beginning in March 2020 and continuing throughout FY 2020-21, the COVID-19 pandemic substantially affected the San Diego area. The Innovation programs have had to adapt to the new service delivery environment to protect both client and staff safety while continuing to provide mental health services. For many programs, these changes included a switch to or greater utilization of telehealth services, which has contributed to increased awareness of the benefits and limitations of remote service delivery strategies.

MHSA: Innovations Projects



The following Innovations programs began or were in existence in AOABHS during FY 2020-21:

Telemental Health (BH Connect)

The BHConnect program aims to facilitate connections to outpatient services and reduce potential recidivism for unconnected clients experiencing a psychiatric crisis and/or hospitalization. The goal is to increase access to effective follow-up therapeutic services through the use of Telemental Health technology.

Roaming Outpatient Access Mobile (ROAM)

The Roaming Outpatient Access Mobile (ROAM) program aims to increase access to mental health services to Native American communities in rural areas through the use of mobile mental health clinics and the expansion of telemental health services. To facilitate trust-building and acceptance of the new services, the ROAM programs are operated by organizations with a long history of serving communities in the North Inland and East County regions of San Diego County.

MHSA: Innovations Projects

ReST Recuperative Housing (Just Be U)

The goal of Just Be U is to decrease the number of homeless TAY with SMI who are unconnected to BHS treatment services. A primary goal is to prevent them from needing crisis/emergency psychiatric services (e.g., hospitals, ER) by providing recuperative and rehabilitative mental health care support in respite housing. Participants enrolled in the program are connected to appropriate levels of care and housing.

Medication Clinic (Center for Child and Youth Psychiatry, CCYP)

The goal of the psychotropic medication clinic is to provide accessible medication support services to children and youth who have completed psychotherapy services but continue to require psychotropic medications that may not be appropriate for management in usual pediatric care settings. An additional emergent role for the CCYP program is to provide psychiatric services for other BHS-funded programs when they experience temporary disruptions to their ability to provide psychiatric care. The psychiatrists provide medication management services primarily via tele-psychiatry in order to cover service needs throughout the entire San Diego County.

Perinatal (Accessible Depression and Anxiety Postpartum Treatment, ADAPT)

The ADAPT program supports parents from underserved or unserved populations who have perinatal and postnatal mood and anxiety disorders by providing treatment services and linkages to appropriate resources and care. Services are provided in partnership with Health and Human Services Agency programs that support pregnant and parenting mothers and fathers.

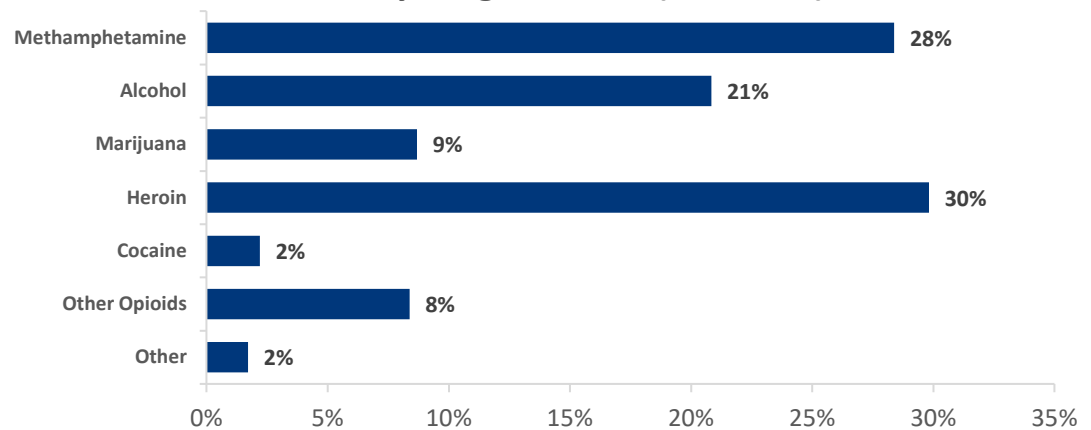
Substance Use Disorder (SUD) Services

SUD Clients: Demographics and Drug of Choice

SUD Client Demographics		
Age*	N	%
12 – 15 years	282	1%
16 – 17 years	464	2%
18 – 25 years	2,157	10%
26 – 59 years	17,660	80%
60+ years	1,430	7%
Gender	N	%
Female	8,304	38%
Male	13,677	62%
Other	12	< 1%
Race (Census Categories)	N	%
White	11,221	51%
Hispanic	6,441	29%
Black/African American	1,920	9%
Asian/Pacific Islander	510	2%
Native American	315	1%
Other/Multiracial	1,585	7%
Unknown/Not Reported	1	<1%
Total SUD Clients Served**	21,993	n/a
Total Unduplicated Clients	13,177	n/a

- SDCBHS contracts with local providers to provide Substance Use Disorder (SUD) programs through an integrated system of community-based substance use prevention, intervention, treatment, and recovery services throughout San Diego County.
- The SUD programs serve adults (including women who are pregnant and/or parenting), and adolescents who are abusing drugs and alcohol and/or have co-occurring disorders.
- Services range from Residential and Non-Residential Treatment, Detoxification, Case Management, Justice Programs, Specialized Services, and Ancillary Services (e.g. HIV/Hepatitis C counseling and testing, TB testing). These strength-based, trauma-informed, culturally competent SUD treatment services involve the family unit/social supports in the recovery processes within a safe and sober environment.

SUD Primary Drug of Choice (N=21,993)



*The DMC-ODS provides services to adolescents, teens, and adults. Because the majority of clients served by the DMC-ODS are aged 18 years or older (97%), data for the entire DMC-ODS is included in the AOA SOC report.

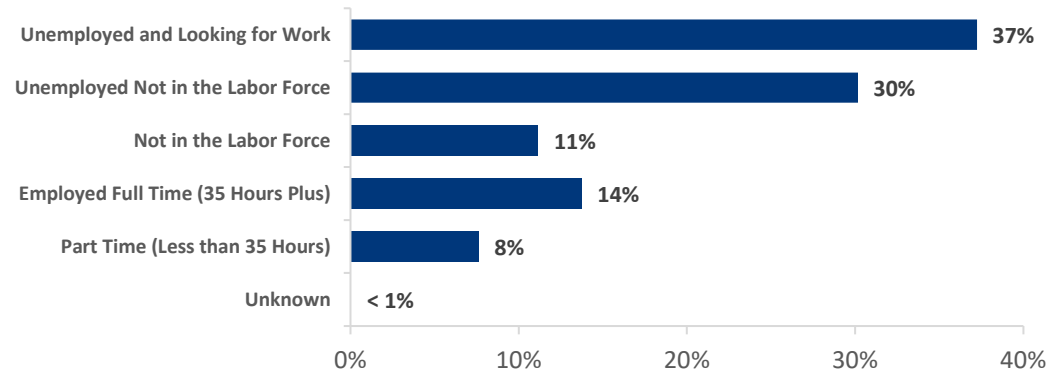
**Client duplication due to multiple admissions during the fiscal year. Data include clients admitted, discharged, and/or actively open in FY 2020-21.

Substance Use Disorder (SUD) Services

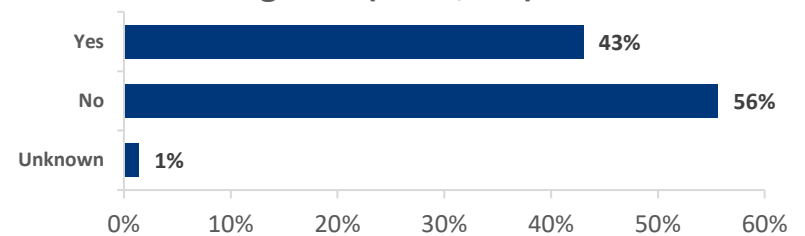
SUD Clients: Demographics, Continued

SUD Client Demographics (Continued)		
Living Situation	N	%
Dependent Living	6,618	30%
Homeless	7,541	34%
Independent Living	7,648	35%
Unknown	186	1%
Justice Involvement	N	%
Justice Override	78	< 1%
Justice Referred	9,950	45%
No	11,965	54%
Language	N	%
English	21,479	98%
Spanish	405	2%
American Sign Language	84	< 1%
Tagalog	1	< 1%
Vietnamese	3	< 1%
Arabic	5	< 1%
Farsi	1	< 1%
Other Non-English Language	13	< 1%
Unknown	2	< 1%
Total SUD Clients Served**	21,993	n/a
Total Unduplicated Clients	13,177	n/a

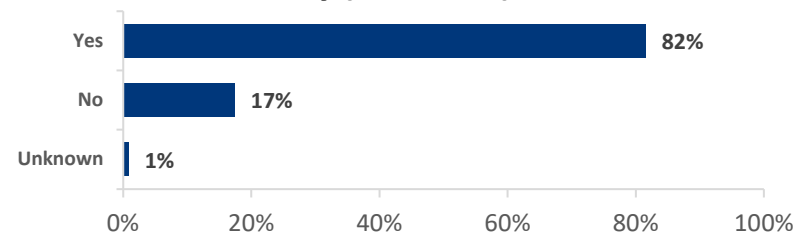
SUD Employment Status (N=21,993)



SUD Mental Health Diagnosis (N=21,993)



SUD Medi-Cal Beneficiary (N=21,993)



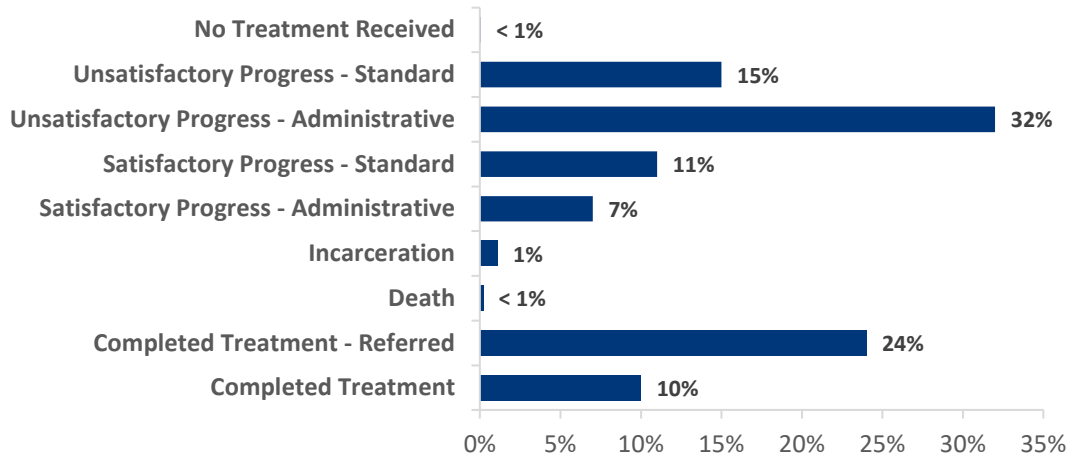
*Clients under the age of 18 are included in AOA SOC reports when they receive adult services.

**Client duplication due to multiple admissions during the fiscal year. Data include clients admitted, discharged, and/or actively open in FY 2020-21.

Substance Use Disorder (SUD) Services

SUD Discharges

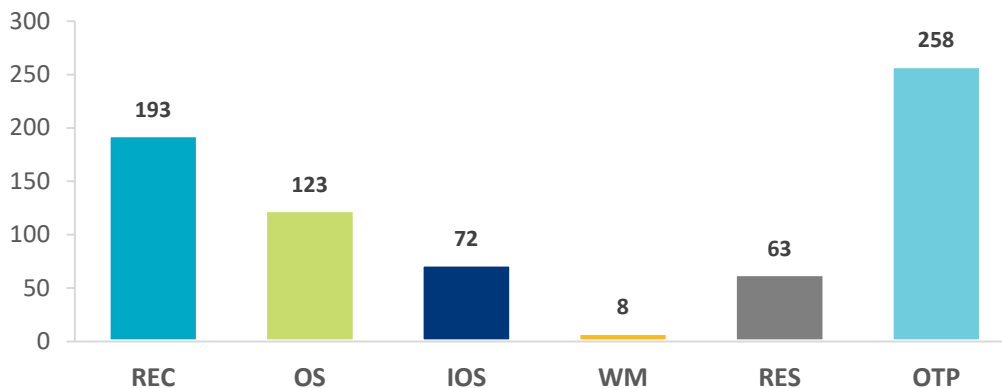
SUD Type of Discharge (N=16,020)



SUD Client Discharges by Level of Care (LOC)

LOC	N	%
Recovery Services (REC)	851	5%
Outpatient Services (OS)	3,439	21%
Intensive Outpatient Services (IOS)	3,840	24%
Withdrawal Management (WM)	1,289	8%
Residential Services (RES)	3,963	25%
Opioid Treatment Services (OTP)	2,638	16%
Total Discharges	16,020	100%

Average Length of Stay (Days)



- During FY 2020-21, 16,020 clients were discharged from the DMC-ODS.
- Most discharges were from residential programs (25%), intensive outpatient programs (24%), or outpatient programs (21%).
- On average, clients were enrolled in OTPs for a longer duration (258 days) compared to the other LOCs, followed by recovery services (193 days), outpatient services (123 days), intensive outpatient services (72 days), residential services (63 days), and withdrawal management (8 days).

Driving Under the Influence Program

DUI Program: Demographics, Admissions, and Completions

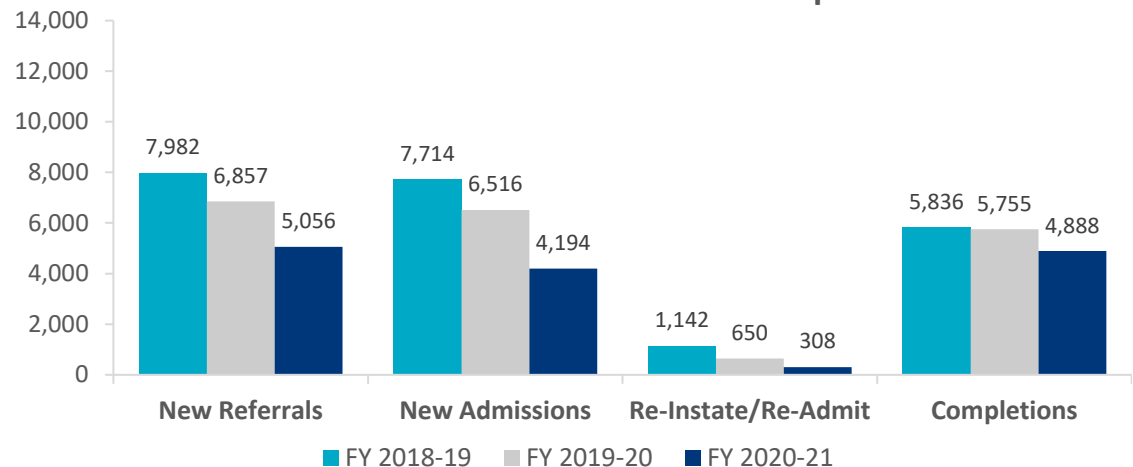
DUI Client Demographics		
Age	N	%
18 – 25 years	814	16%
26 – 35 years	1,970	39%
36 – 45 years	1,140	23%
46 – 55 years	656	13%
55+ years	476	9%
Unknown	9	<1%
Gender	N	%
Female	1,667	33%
Male	1,857	37%
Unknown	1,541	30%
Convictions	N	%
First Conviction	3,466	68%
Multiple Convictions	1,599	32%
Employment Level	N	%
Employed 30+ hours per week	1,085	21%
Employed <30 hours per week	879	17%
Not in the labor force	262	5%
Unemployed, looking for work	637	13%
Unknown	2,202	43%
Total DUI Clients Served	5,065	n/a

The Driving Under the Influence (DUI) program is licensed by the California Department of Health Care Services and administered locally by Behavioral Health Services (BHS). Services are designed to meet the stipulated requirements of the Department of Motor Vehicles (DMV) and courts for individuals who have been arrested for driving under the influence of alcohol and/or drugs. Available services include education-only programs ("wet reckless"); 3-, 6-, and 9-month first offender programs; and an 18-month/SB-38 multiple offender program. This is a fee-for-service program and is funded by State-approved participant fees.

Key Findings

- The number of new admissions into the DUI program has continued to decline over the past three fiscal years (7,714 to 4,194).
- Fewer clients completed the DUI program in FY 2020-21 (4,888 clients) compared to FY 2018-19 (5,836 clients) and FY 2019-20 (5,755 clients).

All DUI Offenders: Admissions and Completions



COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

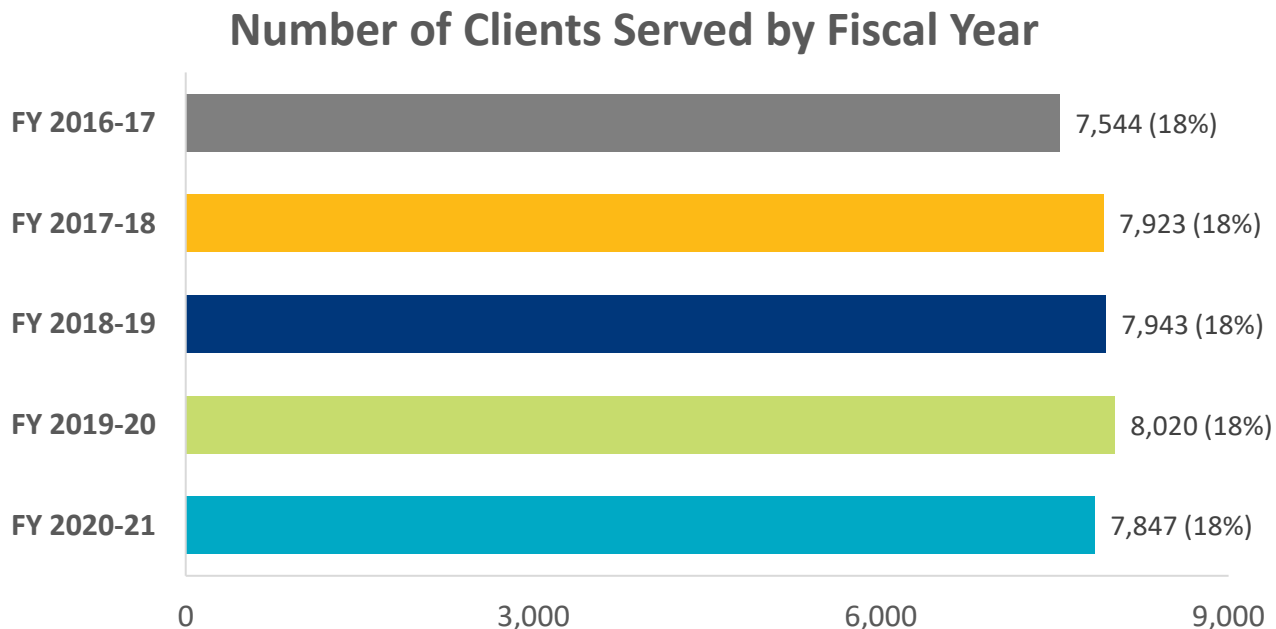


Transition Age Youth (TAY) Clients SYSTEMWIDE ANNUAL REPORT Fiscal Year 2020-2021

Who are we serving?

Total Number of TAY Clients Served

- During FY 2020-21, mental health services were delivered to 7,847 TAY clients (ages 18* to 25).
- TAY clients represent 18% of the 42,614 AOABHS clients served during FY 2020-21.
- The number of TAY clients served by BHS has increased, at least slightly, every year from FY 2016-17 to FY 2019-20 but decreased by 2% from FY 2019-20 to FY 2020-21.



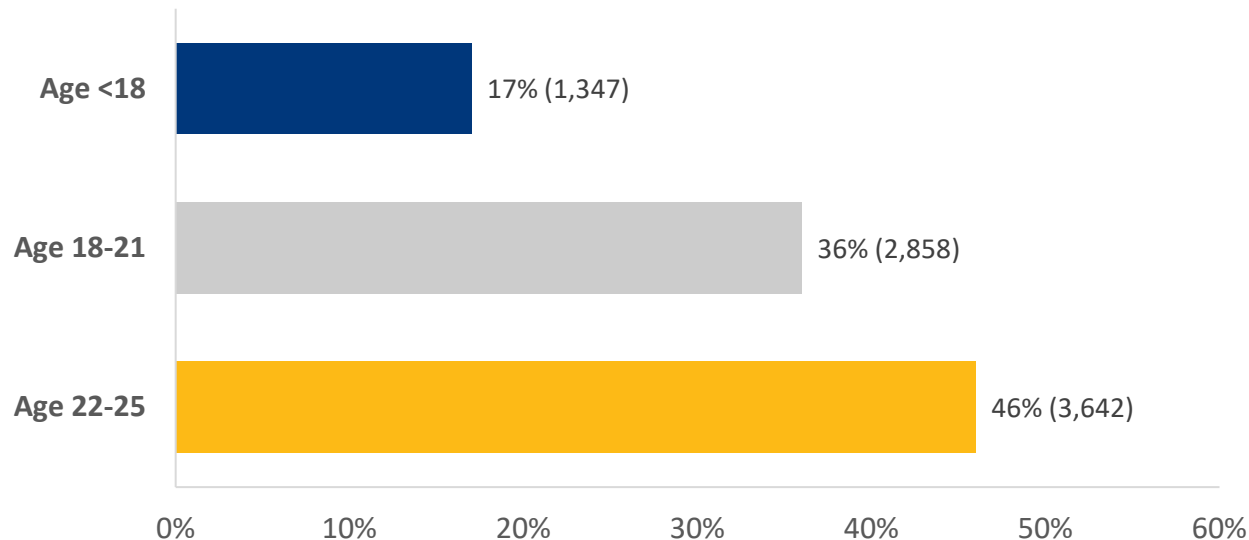
*1,347 clients were under 18 but are included here because they received adult services.

Who are we serving?

TAY Clients: Age

- Similar to past fiscal years, almost half of TAY clients (46%) served during FY 2020-21 were between the ages of 22 and 25 years.
- More than one-third (36%) of TAY clients served during FY 2020-21 were between the ages of 18 and 21 years.
- Compared to FY 2019-20, the number of TAY clients served during FY 2020-21 under the age of 18 decreased by 15% (1,587 clients in FY 2019-20 to 1,347 clients in FY 2020-21).

TAY Age Distribution

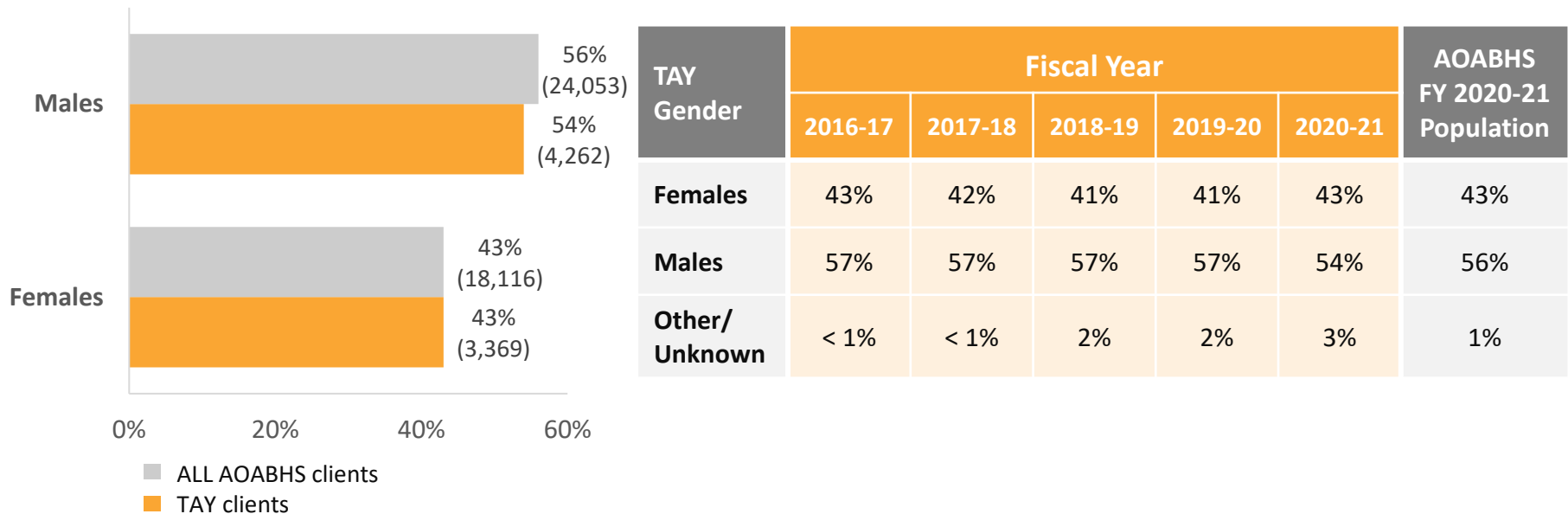


Who are we serving?

TAY Clients: Gender

- A slightly smaller proportion of TAY clients served during FY 2020-21 were male (54%) compared to the overall AOABHS client population (56%) and a similar proportion of TAY clients served during FY 2020-21 were female (43%) compared to the overall AOABHS client population (43%).
- In previous fiscal years, the proportions of TAY males and females served by AOABHS remained stable. In FY 2020-21, the proportion of male TAY client decreased by 6% and female TAY clients increased by 2% when compared to FY 2019-20.

TAY Gender* Distribution



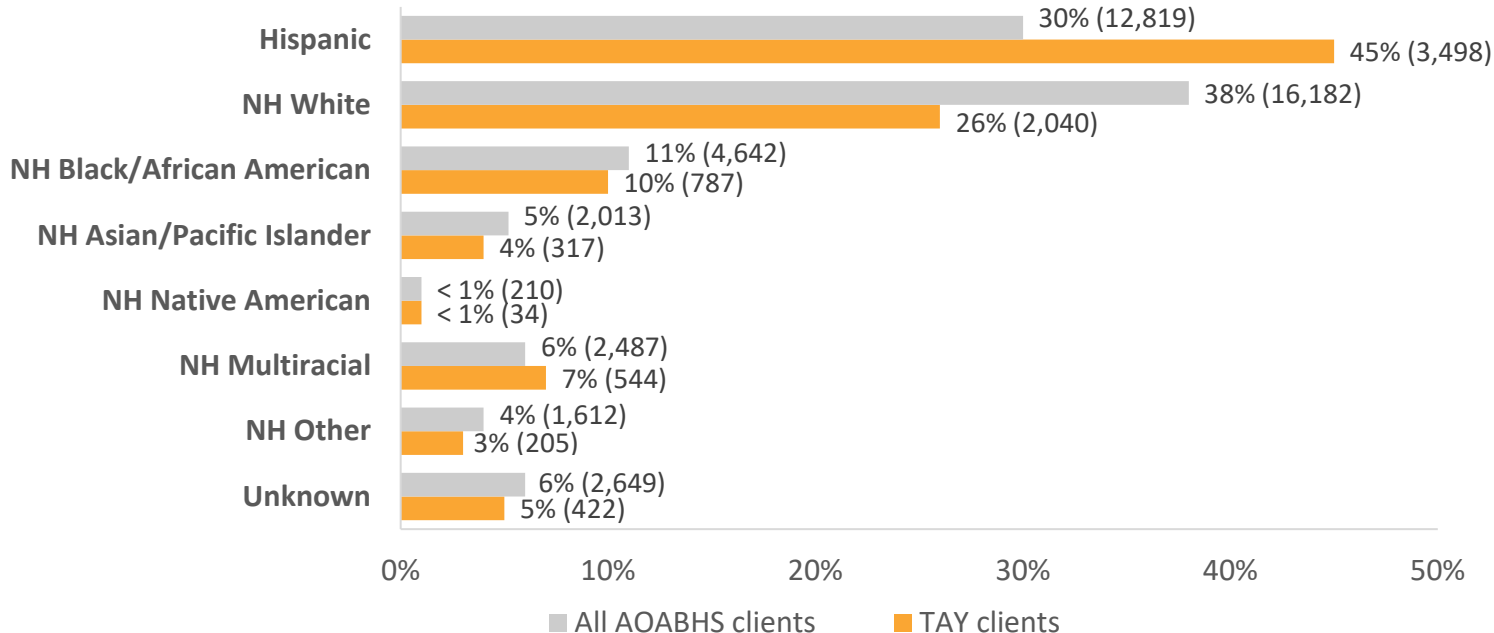
*The figure excludes the other/unknown categories, comprising 3% of the TAY (216 clients) and 1% of the overall AOABHS (445 clients) population.

Who are we serving?

TAY Clients: Race/Ethnicity

- More than two-thirds of TAY clients served during FY 2020-21 were either Hispanic (45%) or non-Hispanic White (26%).
- Compared to the overall AOABHS client population, a larger proportion of TAY clients served during FY 2020-21 were Hispanic (45% compared to 30%), and a smaller proportion were non-Hispanic White (26% compared to 38%).

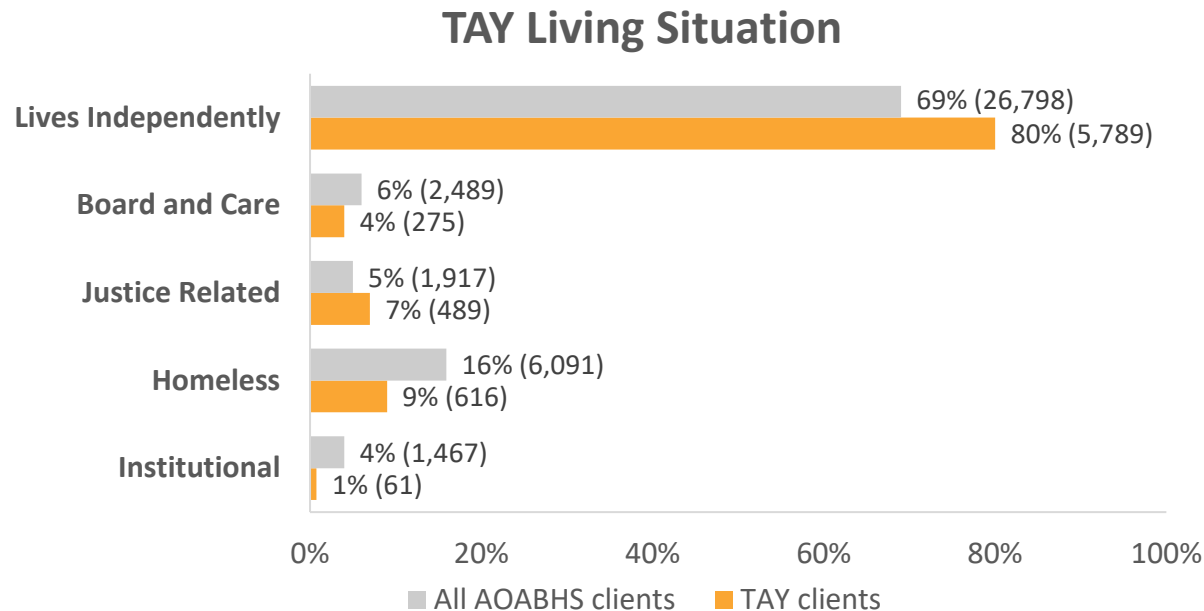
TAY Race/Ethnicity Distribution



Who are we serving?

TAY Clients: Living Situation*

- Four-fifths (80%) of TAY clients served during FY 2020-21 were living independently**.
- Similar to previous fiscal years, a greater proportion of TAY clients served during FY 2020-21 were living independently compared to the overall AOABHS client population (80% vs. 69%).
- A smaller proportion of TAY clients served during FY 2020-21 were homeless (9%) compared to the overall AOABHS population (16%).



*Client living situation reflects status at time of most recent client assessment.

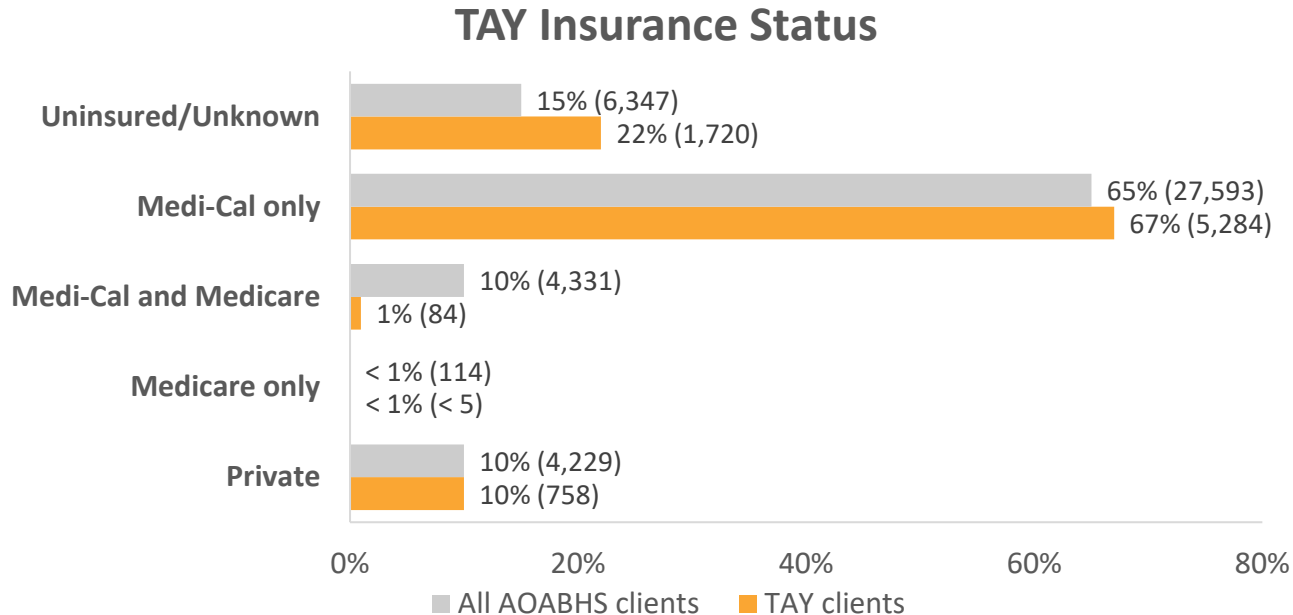
**Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (TAY, n = 617; AOA, n = 3,852) are excluded from the figure and percentages reported above.

Who are we serving?

TAY Clients: Health Care Coverage

- More than two-thirds (68%) of TAY clients served during FY 2020-21 had some type of Medi-Cal insurance coverage.
- After a decrease in the proportion of TAY clients with an uninsured/unknown insurance status over several fiscal years, likely due to the expansion of the Affordable Care Act (ACA) in 2014, a period of stabilization was observed as 18% of TAY served in FY 2016-17 were uninsured or had an unknown insurance status, which increased to 19% in FY 2018-19. However, the percentage has increased again to just over one-fifth (22%) of TAY clients served during FY 2020-21 were uninsured or had an unknown insurance status.

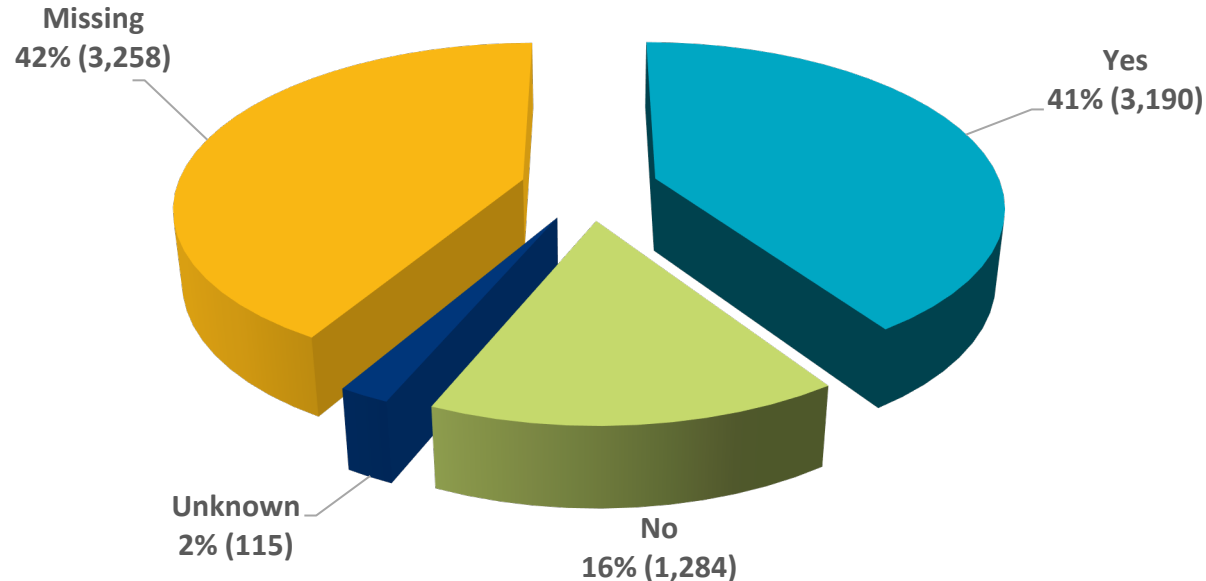


Who are we serving?

TAY Clients: Primary Care Physician

- Over two-fifths of TAY clients served in FY 2020-21 had a primary care physician (41%).
- Information about primary care physician was unavailable or unknown for almost half of TAY clients (43%), which is the same as the proportion last fiscal year (43%).

TAY Primary Care Physician



Who are we serving?

TAY Clients: Sexual Orientation

- Of the TAY clients served during FY 2020-21 with sexual orientation information available, nearly three-quarters of them identified as heterosexual (72%).
- 14% (499) of TAY clients served during FY 2020-21 with sexual orientation information available identified as bisexual, reflecting an 81% increase in the number of TAY clients over time identifying as bisexual served during FY 2020-21, compared back four years ago to FY 2016-17 (275 clients).

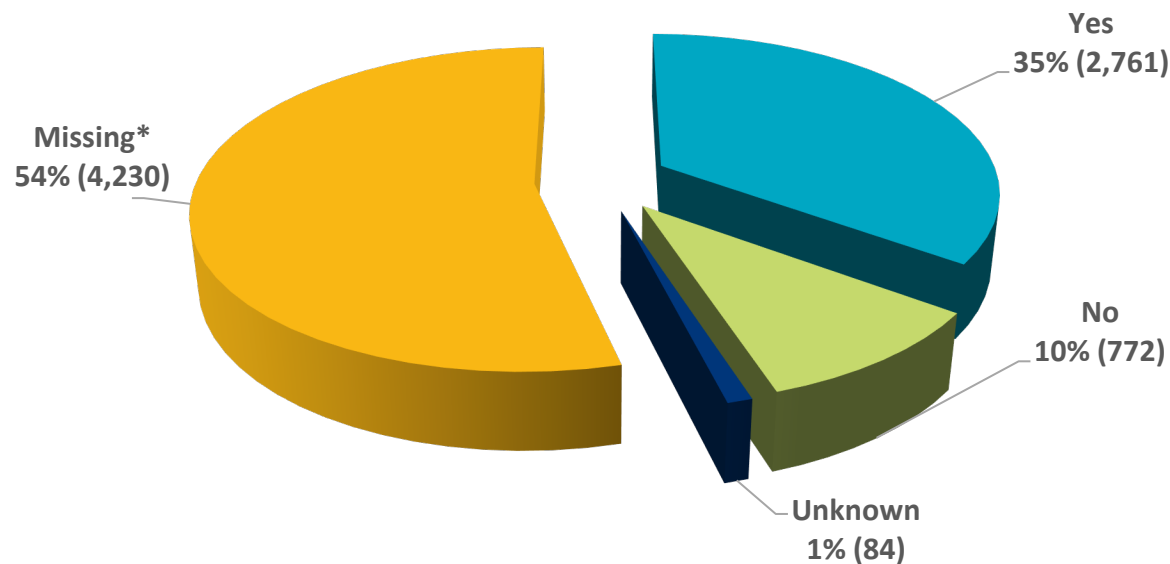
Sexual Orientation	TAY FY 2020-21		AOABHS FY 2020-21	
	Clients	Percentage	Clients	Percentage
Heterosexual	2,517	72%	17,181	85%
Bisexual	499	14%	1,275	6%
Gay male	80	2%	451	2%
Lesbian	70	2%	293	1%
Other	135	4%	325	2%
Questioning	105	3%	222	1%
Declined to state	109	3%	350	2%
Total (excluding missing)	3,515	100%	20,097	100%
Missing	4,332	55%	20,517	53%

Who are we serving?

TAY Clients: History of Trauma

- Over one-third (35%) of TAY clients served in FY 2020-21 had a history of trauma.
- Information about trauma history was unavailable for over half of TAY clients (54%), a decrease from TAY clients served during FY 2019-20 (62%).

TAY History of Trauma



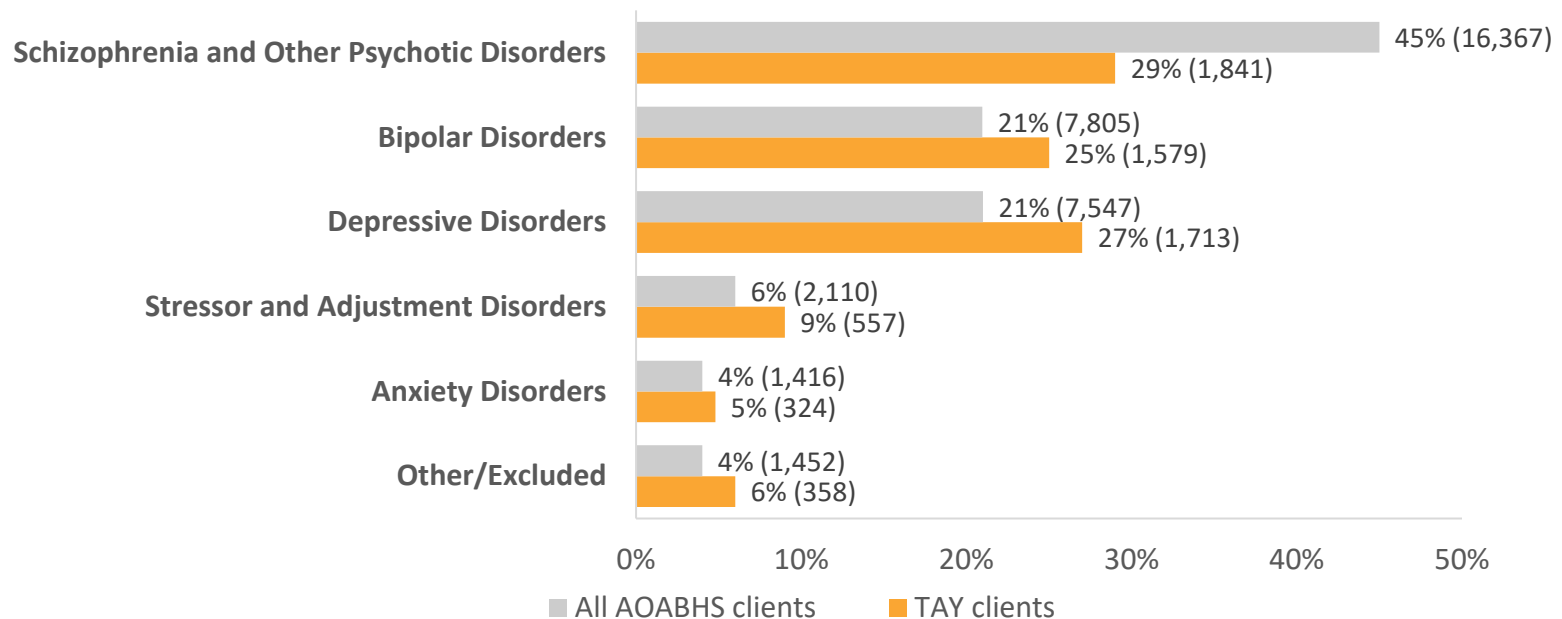
*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

Who are we serving?

TAY Clients: Primary Diagnosis

- Similar to observations from past fiscal years, the three most common diagnoses among TAY clients served during FY 2020-21 were schizophrenia and other psychotic disorders (29%), depressive disorders (27%), and bipolar disorders (25%), which comprise 81% (5,133 clients) of TAY clients with a valid diagnosis.
- Compared to AOA clients, a smaller proportion of TAY clients had a diagnosis of schizophrenia and other psychotic disorders (45% vs. 29%), and larger proportions of TAY had diagnoses of all other types of disorders.

TAY Primary Diagnosis*

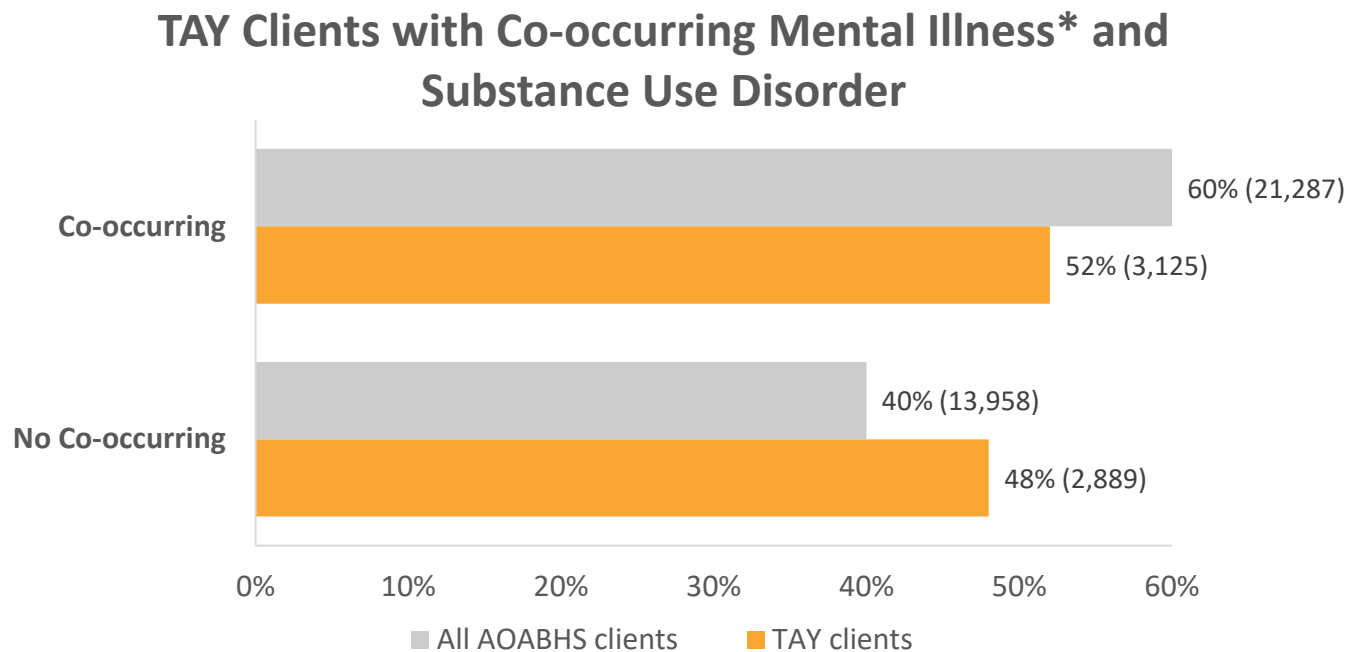


*The graph and percentages reported above exclude invalid/missing values (TAY, n = 1,475; AOA, n = 5,917).

Who are we serving?

TAY Clients: Co-occurring Mental Illness and Substance Use Disorder

- In addition to a primary diagnosis, 52% of TAY clients also had a co-occurring mental illness and substance use disorder in FY 2020-21.
- The proportion of TAY clients with a co-occurring mental illness and substance use disorder served in FY 2019-20 was less than the proportion of all AOA clients with a co-occurring mental illness and substance use disorder (52% compared to 60%).

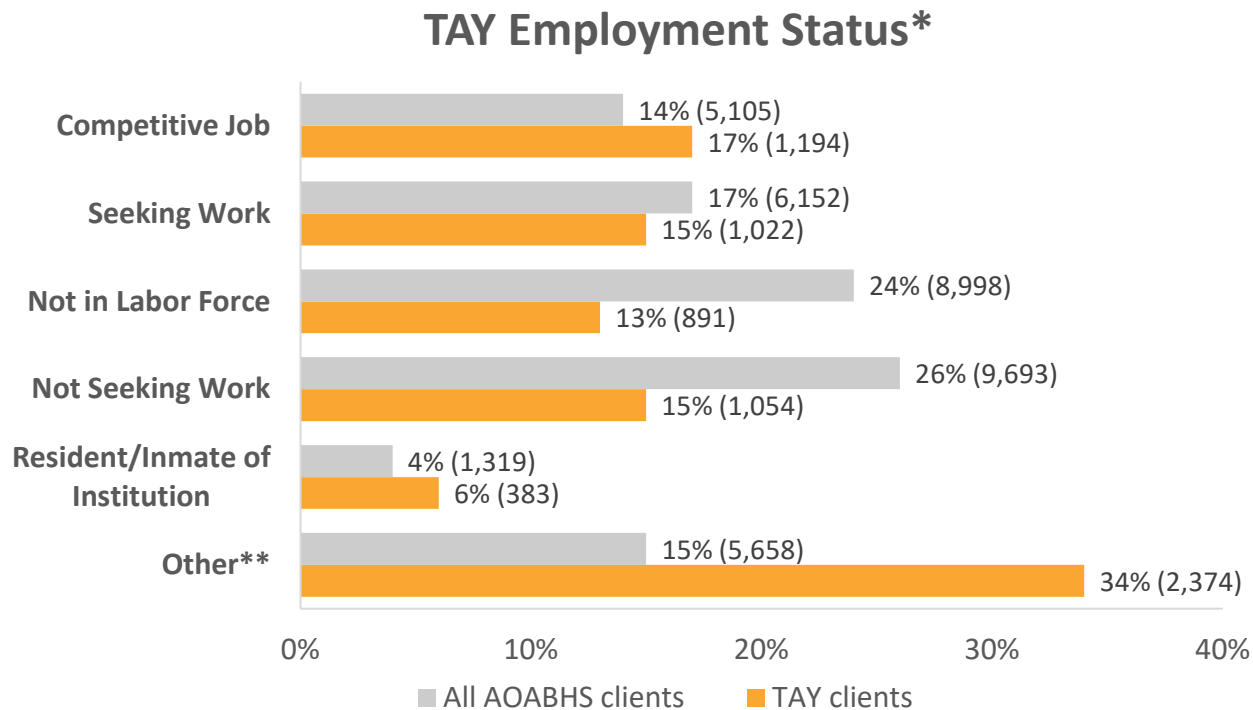


*Clients without a valid primary mental health diagnosis are excluded from the figure.

Who are we serving?

TAY Clients: Employment Status

- Similar proportions of TAY clients served during FY 2020-21 were employed in a competitive job (17%), seeking work (15%), not in the labor force (13%), and not seeking work (15%).
- More than one-third of TAY clients (34%) had an other employment status, more than double the proportion of AOA clients (15%), likely reflecting a substantial student population in this age range.



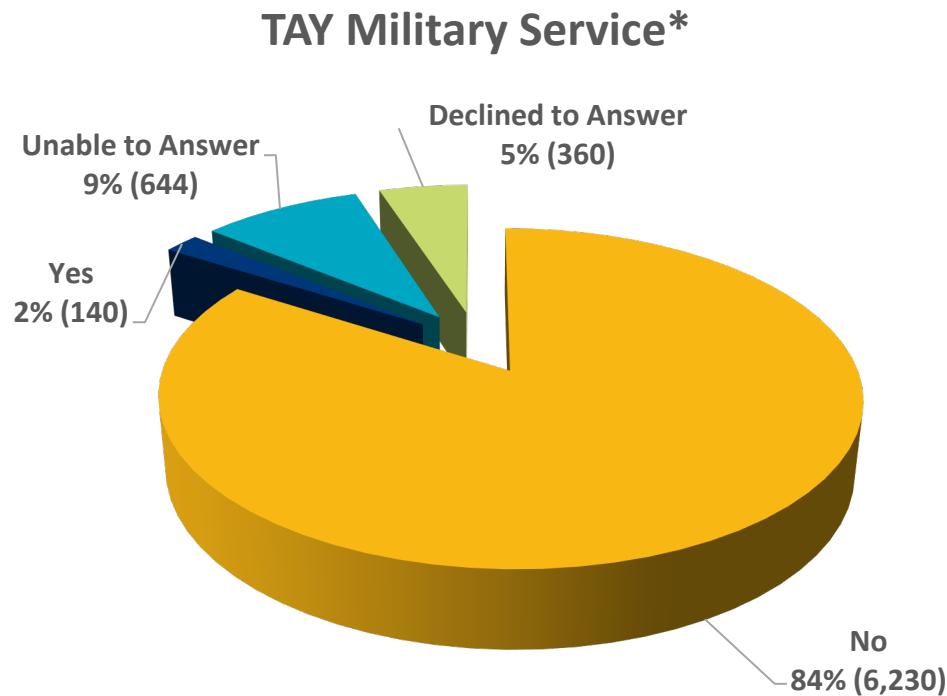
*The graph and percentages reported above exclude unknown values (TAY, n = 929; AOA, n = 5,689).

**Other includes clients who are: homemakers, retired, students, training part/full-time, or volunteers.

Who are we serving?

TAY Clients: Military Service

- Information regarding past military service was available for 94% of TAY clients served during FY 2020-21.
- Among those TAY clients served for whom military service data were available, 84% reported that they had no military service, and only 2% indicated that they had served in the military.



*The graph and percentages reported above exclude missing values (n = 473).

What types of services are being used?

TAY Clients: Types of Services*

Outpatient Services	Total Visits	Total Clients	Emergency/Crisis Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	18,218	460	Urgent Outpatient	2,567	1,528
Case Management	< 5	< 5	Crisis Stabilization**	1,482	947
Case Management – Institutional	814	56	PERT	3,060	2,440
Case Management – Strengths	2,228	121	MCRT	21	8
Case Management – Transitional	330	71		Total Days	Total Clients
Fee for Service (FFS)	15,422	1,672	Crisis Residential	2,704	240
Outpatient	28,958	2,013	Forensic Services	Total Visits	Total Clients
Prevention	13	< 5	Jail	10,388	1,662
Inpatient Services	Admissions	Total Clients	24 Hour Services	Total Days	Total Clients
Inpatient – County	403	350	Edgemoor	0	0
Inpatient – FFS	1,205	839	Long Term Care (LTC)	1,148	< 5
State Hospital	< 5	< 5	LTC – Institutional	8,992	45
			LTC – Residential	1,392	9
			Residential	577	5

*Clients may use more than one service, and therefore, may be represented in more than one category.

**Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.

Are clients getting better?

TAY Clients: Client Outcomes (IMR and RMQ)*

- Clinicians reported that TAY clients are getting better as evidenced by significant improvements from pre to post assessment in the ability to manage symptoms, progress towards recovery, and overall IMR scores.
- TAY clients self-reported statistically significant improvements in their overall mental health status via the RMQ from pre to post assessment.
- Mean pre and post scores on the clinician-rated Substance Use IMR subscale demonstrate no significant change in symptoms among TAY clients in FY 2020-21.

Illness Management and Recovery (IMR)		N	Pre	Post	Change
Substance Use Subscale		355	4.09	4.14	▲
Management Subscale		395	2.62	2.95	▲
Recovery Subscale		393	2.88	3.10	▲
Overall Mean		397	3.15	3.37	▲
Recovery Markers Questionnaire (RMQ)		N	Pre	Post	Change
Overall Mean		224	3.63	3.74	▲

Legend

▲ Significant positive change ($p < .05$)

▲ Non-significant positive change

▶ No change

**The outcomes reported here include all TAY BHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2020-21 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.*

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY



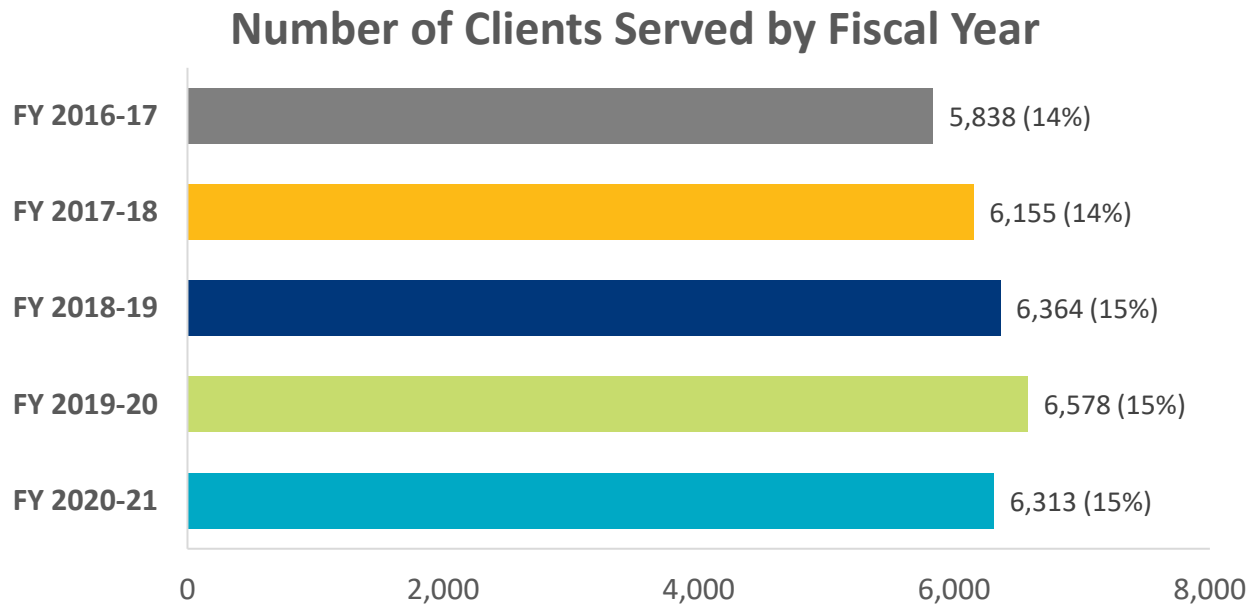
Older Adult (OA) Clients SYSTEMWIDE ANNUAL REPORT Fiscal Year 2020-2021

*Adult and Older Adult Behavioral Health Services Annual System of Care Report FY 2020-21
Source: Health Services Research Center (KW, MCM, ST)*

Who are we serving?

Total Number of OA Clients Served

- During FY 2020-21, mental health services were delivered to 6,313 OA clients (age 60 and older) by AOABHS, reflecting a 4% decrease in the number of OA clients served compared to FY 2019-20.
- OA clients represent 15% of the 42,614 AOABHS clients served during FY 2020-21.
- The number of OA clients served by BHS has increased every year from FY 2016-17 to FY 2019-20 but decreased in FY 2020-21.

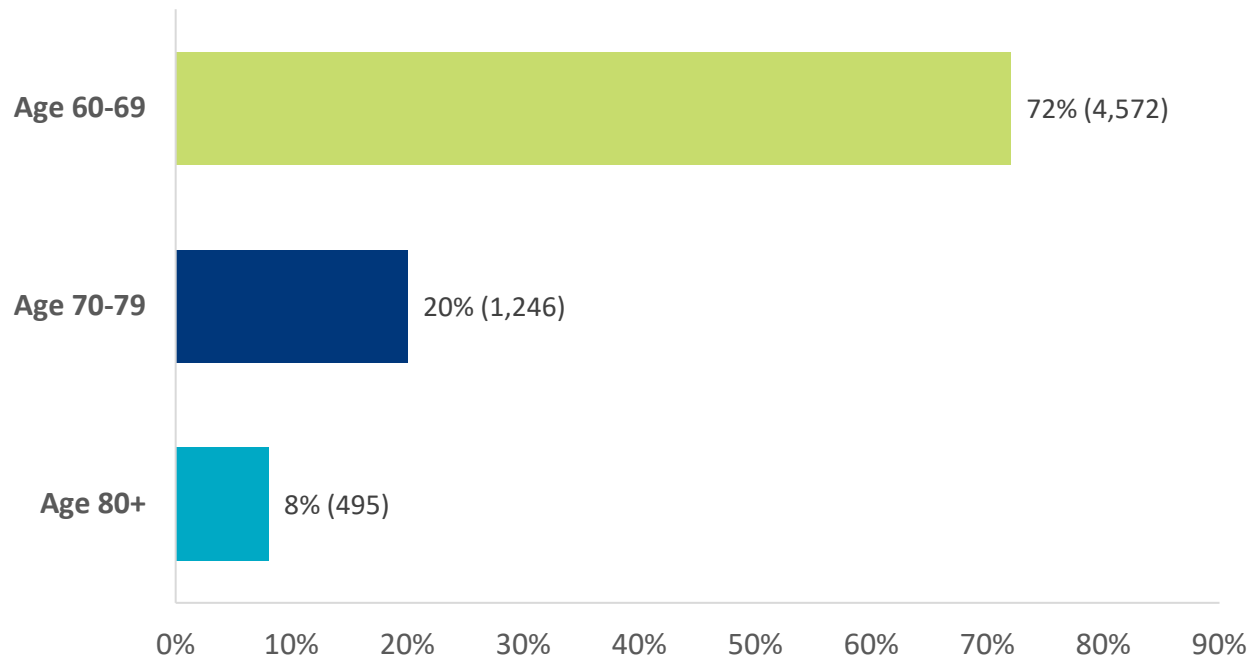


Who are we serving?

OA Clients: Age

- Almost three-quarters (72%) of OA clients served during FY 2020-21 were between the ages of 60 and 69 years.
- The number of OA clients served during FY 2020-21 that were between the ages of 60 and 69 years (4,572 clients) decreased by 4%, compared to FY 2019-20 (4,767 clients).

OA Age Distribution

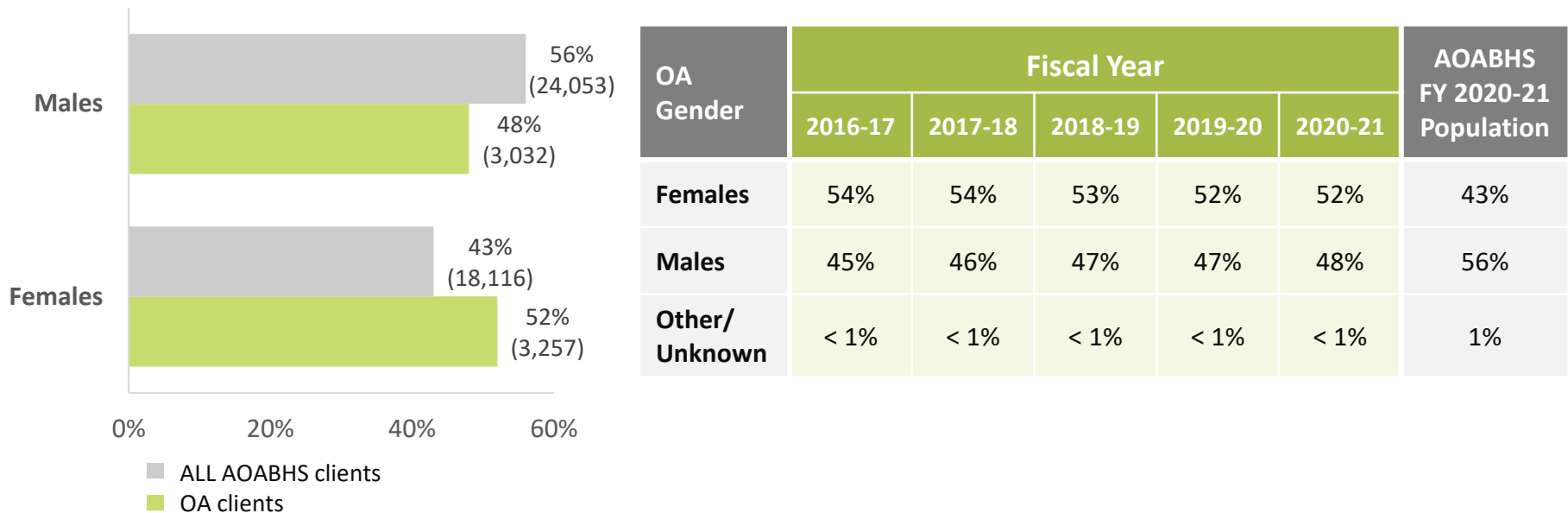


Who are we serving?

OA Clients: Gender

- Similar to previous fiscal years, a larger proportion of OA clients served during FY 2020-21 were female (52%) compared to the overall AOABHS client population (43%).
- The proportion of male OA clients served by AOABHS has gradually increased over the past five fiscal years (45% to 48%).

OA Gender* Distribution



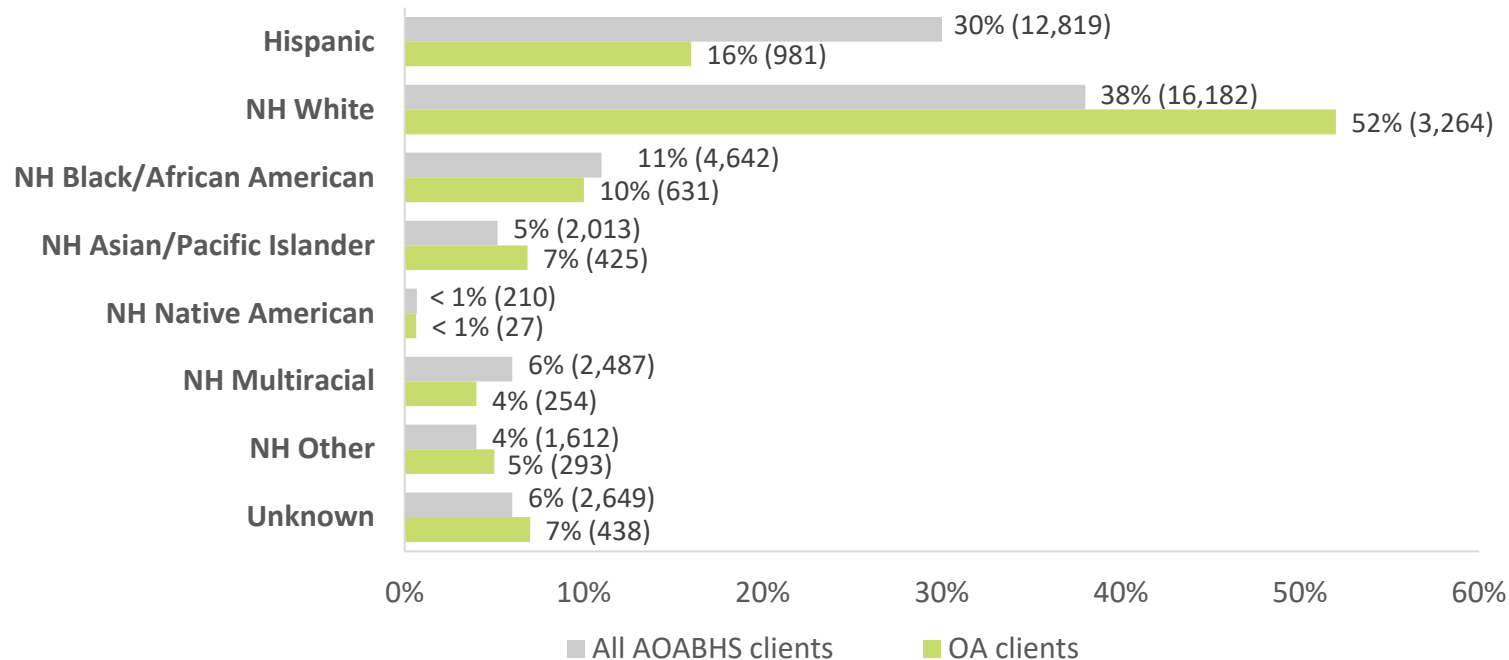
*The figure excludes the other/unknown categories, comprising <1% of the OA (24 clients) and 1% of the overall AOABHS (445 clients) population.

Who are we serving?

OA Clients: Race/Ethnicity

- More than half of OA clients (52%) served during FY 2020-21 were non-Hispanic White.
- Similar to previous fiscal years, compared to the overall AOABHS client population, a smaller proportion of OA clients were Hispanic (16% vs. 30%), and a larger proportion were non-Hispanic White (52% vs. 38%) in FY 2020-21.

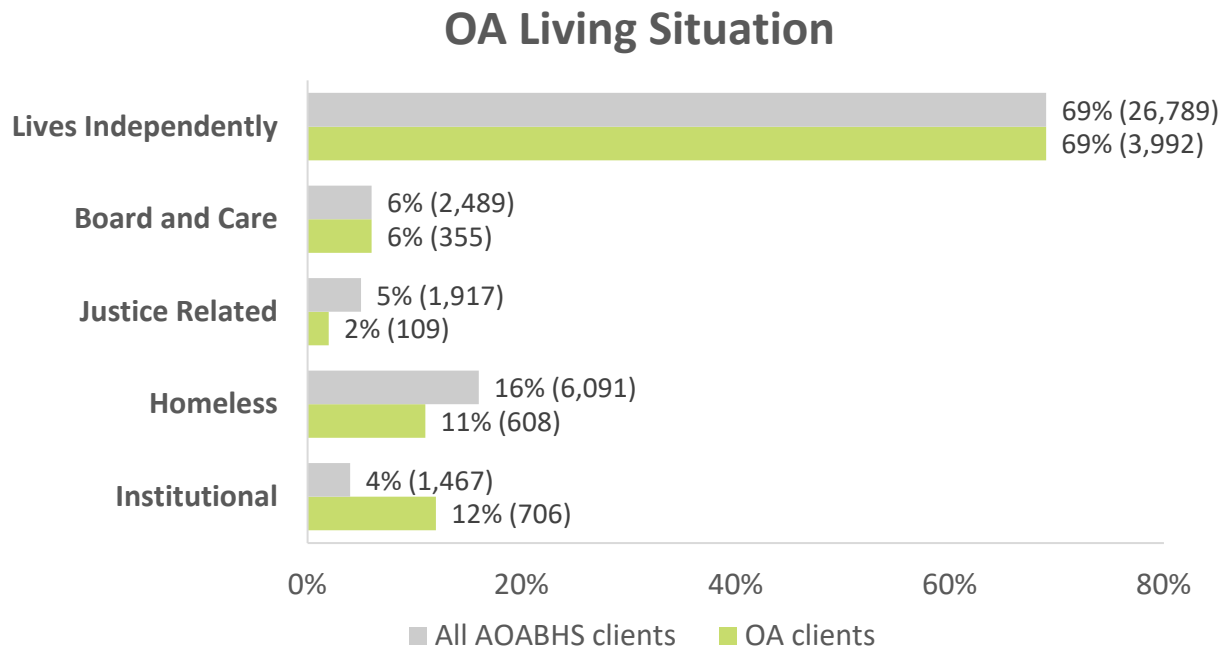
OA Race/Ethnicity Distribution



Who are we serving?

OA Clients: Living Situation*

- Compared to the overall AOABHS client population, similar proportions of OA clients served during FY 2020-21 lived independently** and in Board and Care.
- A greater proportion of OA clients served during FY 2020-21 lived in an institutional setting (12%) and a smaller proportion of OA clients were homeless (11%) or living in justice-related settings (2%), compared to the overall AOABHS client population (4%, 16%, and 5%, respectively).



*Client living situation reflects status at time of most recent client assessment.

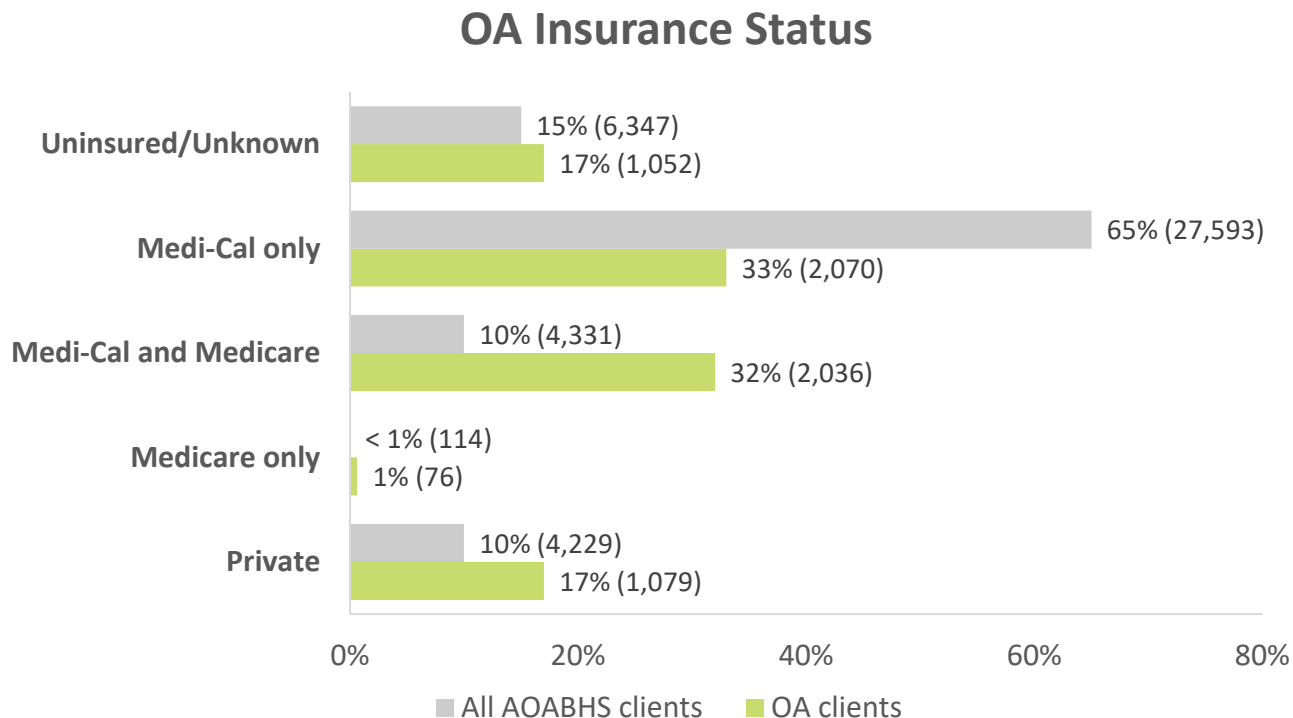
**Clients living independently includes clients living with family at the start of services.

Note: Clients with an other/unknown living status (OA, n = 543; AOA, n = 3,852) are excluded from the figure and percentages reported above.

Who are we serving?

OA Clients: Health Care Coverage

- Slightly less than two-thirds of OA clients served during FY 2020-21 were at least partially covered by Medi-Cal (65%).
- Slightly less than one-third of OA clients served during FY 2020-21 had combined Medi-Cal and Medicare health care coverage (32%).
- 17% of OA clients served in FY 2020-21 had an uninsured/unknown insurance status.

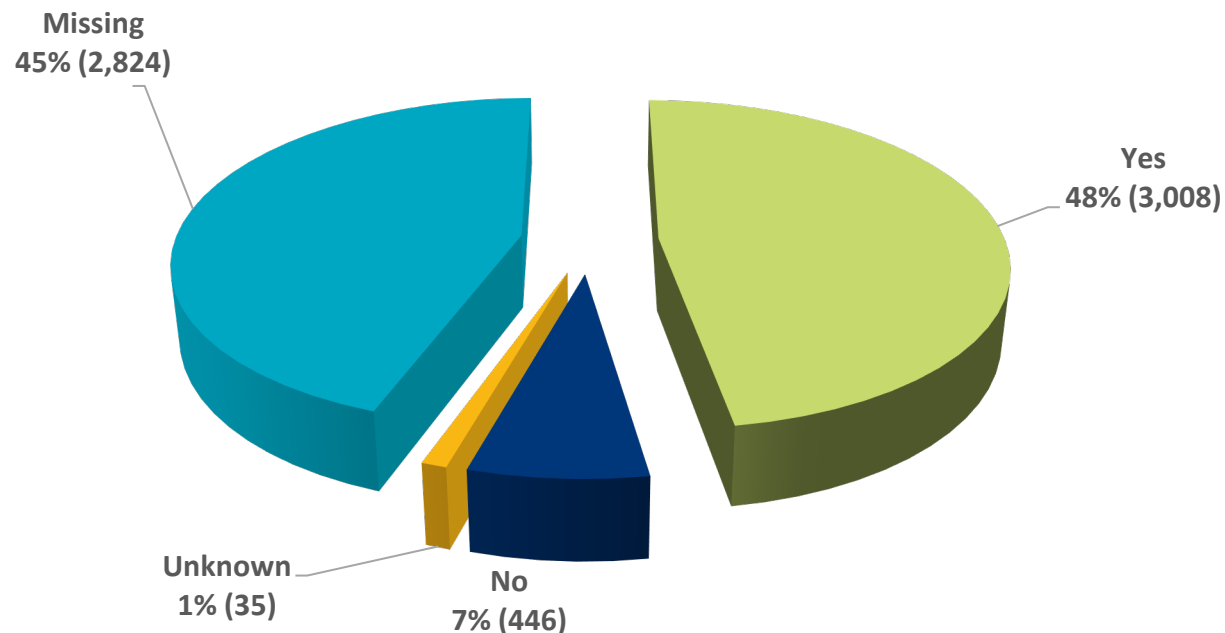


Who are we serving?

OA Clients: Primary Care Physician

- The proportion of OA clients served during FY 2020-21 who had a primary care physician increased slightly from FY 2019-20 (46%).
- Information about primary care physician was unavailable or unknown for almost half of OA clients (45%), a slight decrease from FY 2019-20 (47%).

OA Primary Care Physician



Who are we serving?

OA Clients: Sexual Orientation

- Almost all OA clients served during FY 2020-21 with sexual orientation information available identified as heterosexual (93%).
- Compared to the overall AOABHS population, a slightly smaller proportion of OA clients were missing sexual orientation data (53% compared to 52%).

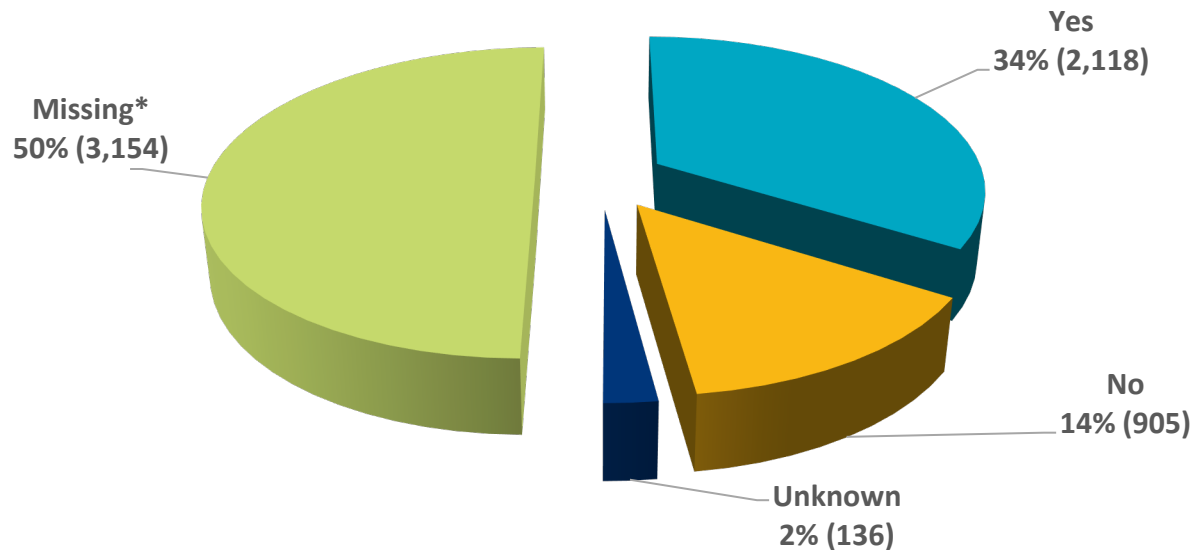
Sexual Orientation	OA FY 2020-21		AOABHS FY 2020-21	
	Clients	Percentage	Clients	Percentage
Heterosexual	2,846	93%	17,181	85%
Bisexual	45	1%	1,275	6%
Gay male	39	1%	451	2%
Lesbian	27	1%	293	1%
Other	14	<1%	325	2%
Questioning	22	1%	222	1%
Declined to state	54	2%	350	2%
Total (excluding missing)	3,047	100%	20,097	100%
Missing	3,266	52%	22,517	53%

Who are we serving?

OA Clients: History of Trauma

- 2,118 OA clients served during FY 2020-21 had a history of trauma (34%), reflecting a 15% increase of OA clients compared to FY 2019-20 (1,834 clients).
- Trauma history data were missing or unknown for half (50%) of OA clients (3,154 clients).

OA History of Trauma



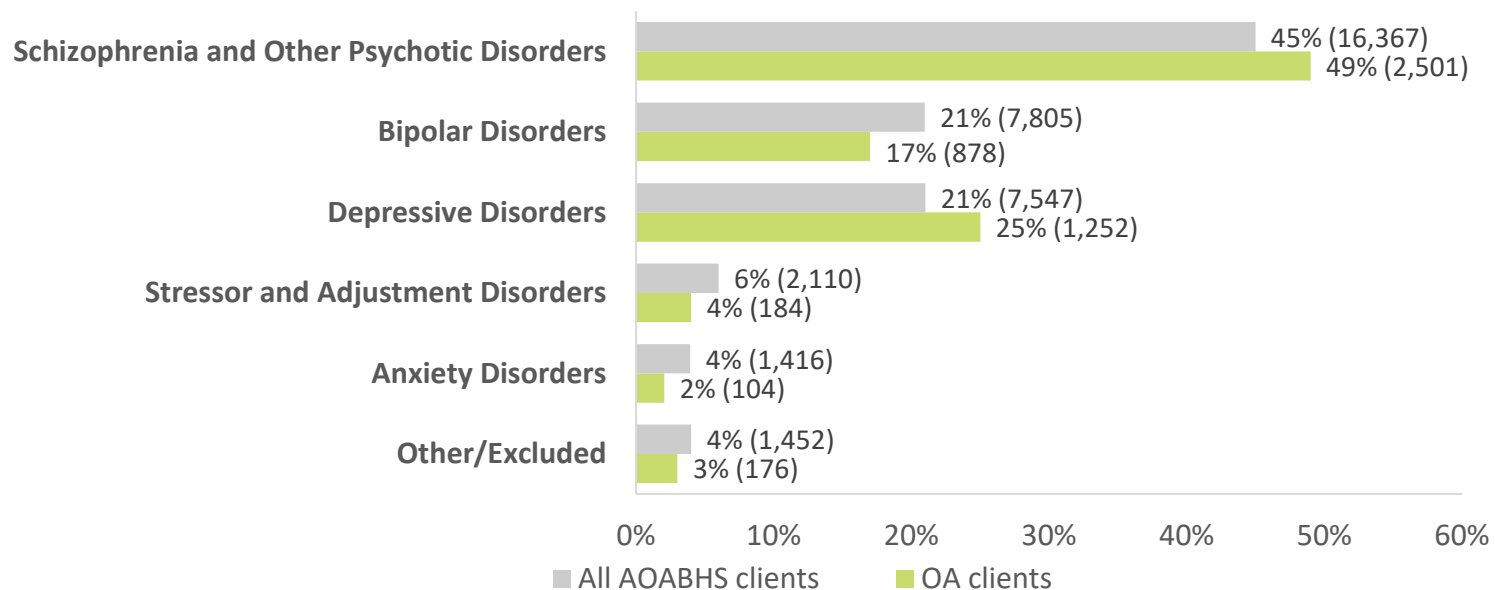
*Missing category includes Fee-for-Service (FFS) providers for whom data were not available.

Who are we serving?

OA Clients: Primary Diagnosis

- The most common diagnosis among OA clients served during FY 2020-21 was schizophrenia and other psychotic disorders (49%), followed by depressive disorders (25%), comprising nearly three-quarters of OA clients with a valid diagnosis.
- Compared to the overall AOA population, a slightly larger proportion of OA clients had a depressive disorder diagnosis (25% compared to 21%) or a diagnosis of schizophrenia and other psychotic disorders (49% compared to 45%).

OA Primary Diagnosis*

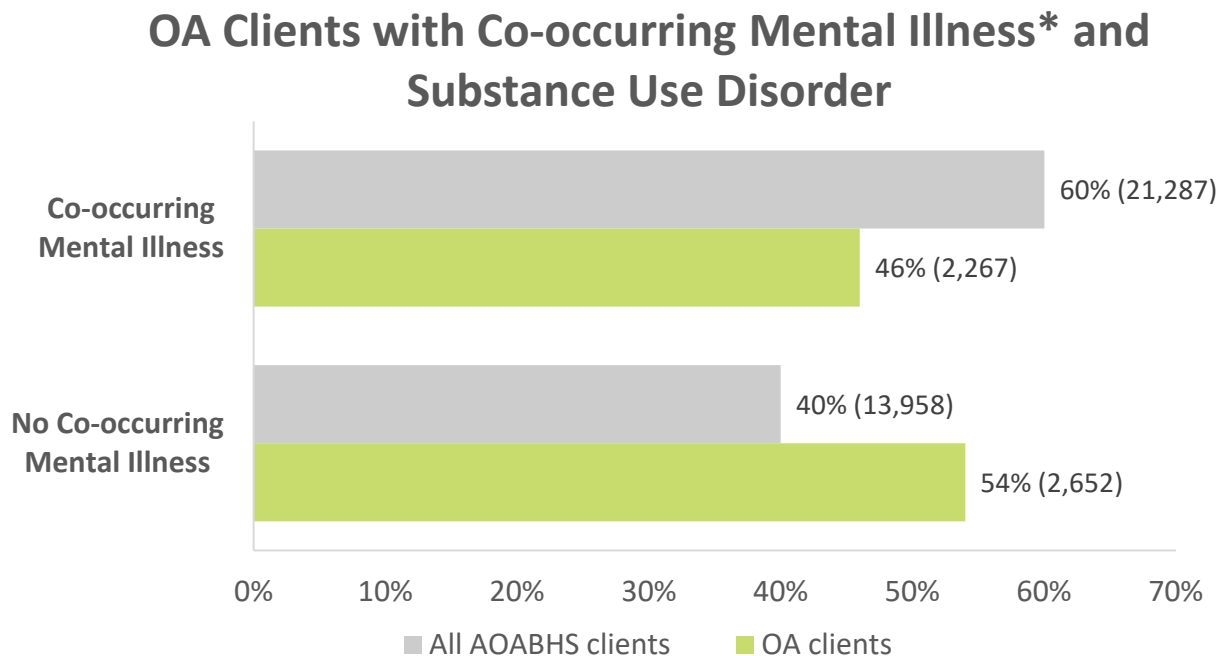


*The graph and percentages reported above exclude invalid/missing values (OA, n = 1,218; AOA, n = 5,917).

Who are we serving?

OA Clients: Co-occurring Mental Illness and Substance Use Disorder

- In addition to a primary diagnosis, nearly half of OA clients (46%) also had a diagnosis of co-occurring mental illness and substance use disorder in FY 2020-21.
- The proportion of OA clients with a co-occurring mental illness increased from FY 2019-20 to FY 2020-21 (43% to 46%).

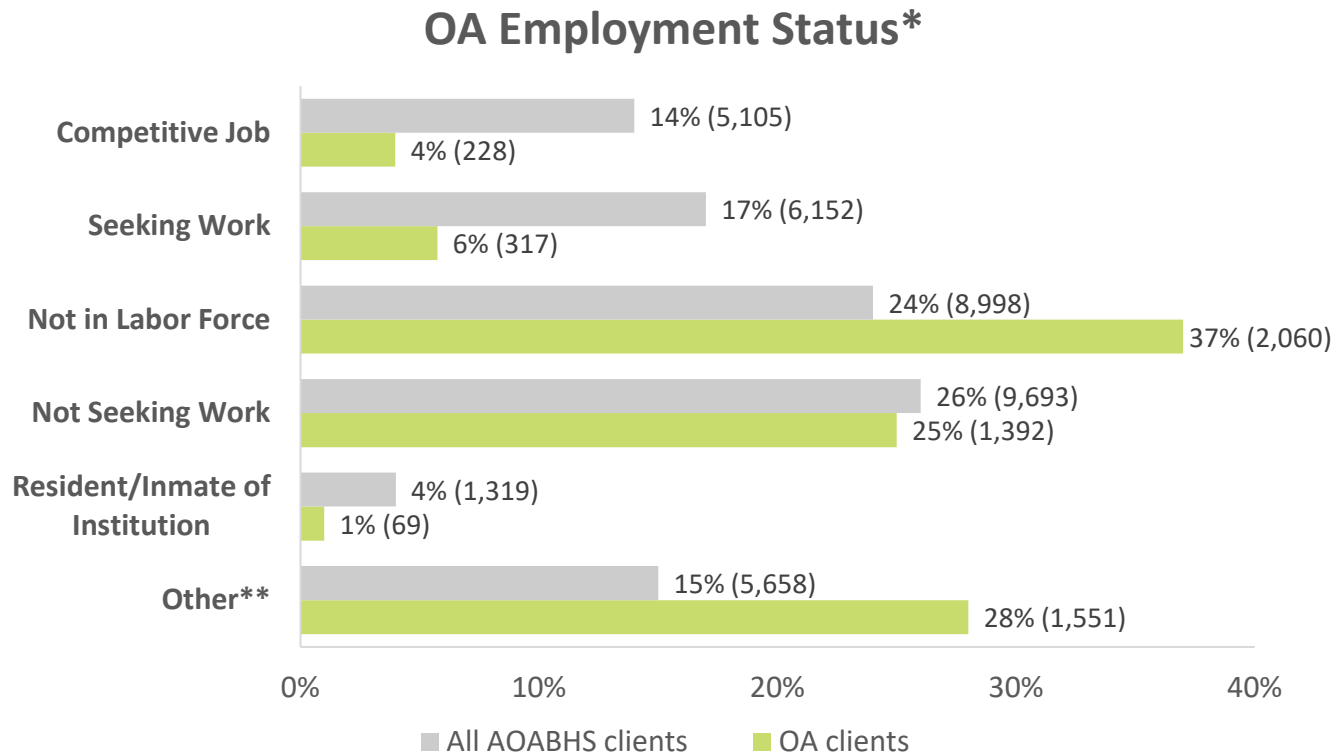


*Clients without a valid primary mental health diagnosis are excluded from the figure.

Who are we serving?

OA Clients: Employment Status

- 37% of OA clients served during FY 2020-21 were not in the labor force; comprising the largest population of OA clients.
- More than one-quarter of OA clients served during FY 2020-21 (28%) had an other employment status.



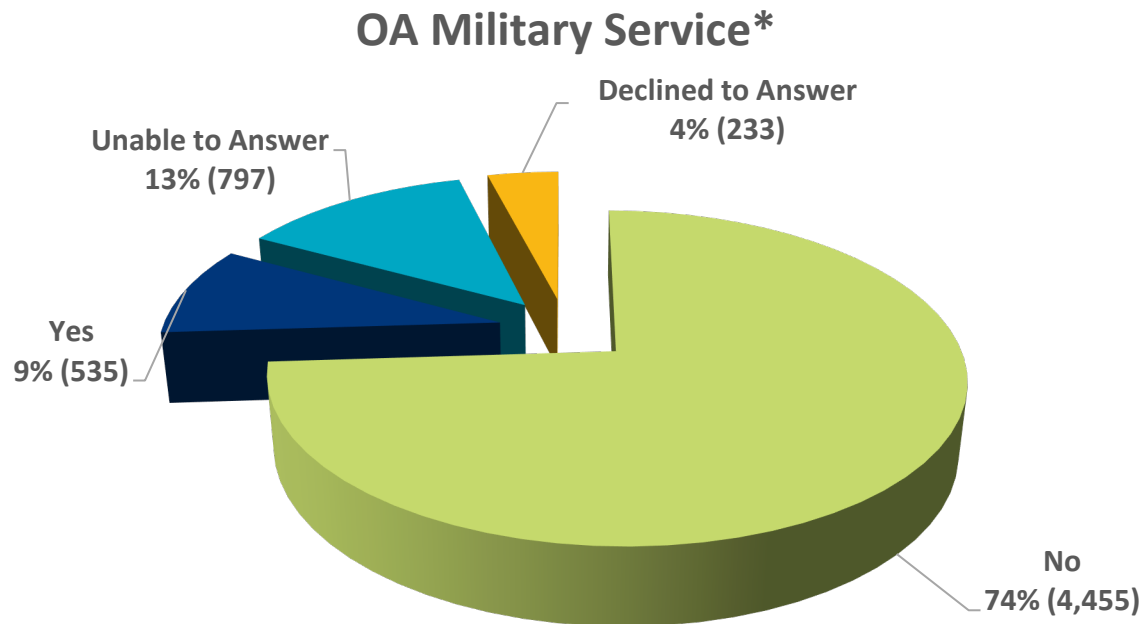
*The graph and percentages reported above exclude unknown values (OA, n = 696; AOA, n = 5,689).

**Other includes clients who are: homemakers, retired, students, training part/full-time, or volunteers.

Who are we serving?

OA Clients: Military Service

- Information regarding past military service was available for 95% of OA clients served during FY 2020-21.
- Among those clients served for whom military service data were available, nearly three-fourths (74%) reported that they had no military service, and 9% indicated that they had served in the military.



*The graph and percentages reported above exclude missing values ($n = 293$).

What types of services are being used?

OA Clients: Types of Services*

Outpatient Services	Total Visits	Total Clients	Emergency/Crisis Services	Total Visits	Total Clients
Assertive Community Treatment (ACT)	34,483	719	Urgent Outpatient	917	552
Case Management	0	0	Crisis Stabilization**	540	320
Case Management – Institutional	10,294	426	PERT	2,001	1,589
Case Management – Strengths	12,450	707	MCRT	17	11
Case Management – Transitional	236	33		Total Days	Total Clients
Fee for Service (FFS)	8,549	1,136	Crisis Residential	2,168	155
Outpatient	20,833	1,865	Forensic Services	Total Visits	Total Clients
Prevention	17	< 5	Jail	3,263	429
Inpatient Services	Admissions	Total Clients	24 Hour Services	Total Days	Total Clients
Inpatient – County	157	131	Edgemoor	30,838	96
Inpatient – FFS	453	284	Long Term Care (LTC)	573	< 5
State Hospital	< 5	< 5	LTC – Institutional	20,517	80
			LTC – Residential	770	< 5
			Residential	0	0

*Clients may use more than one service, and therefore, may be represented in more than one category.

**Crisis Stabilization (CS) visits are calculated from CS services: 1 CS service = 1 CS visit.

Are clients getting better?

OA Clients: Client Outcomes (IMR and RMQ)*

- Clinicians reported that OA clients are getting better as evidenced by significant improvements from pre to post assessment in the ability to manage symptoms.
- Clinicians reported slight improvements among OA clients on the substance use subscale, recovery subscale, and overall IMR scores and OA clients self-reported improvement in their overall mental health status via the RMQ from pre to post assessment, but none of these improvements were statistically significant.

Illness Management and Recovery (IMR)		N	Pre	Post	Change
Substance Use Subscale		1,034	4.58	4.59	▲
Management Subscale		1,095	3.04	3.12	▲
Recovery Subscale		1,092	2.88	2.89	▲
Overall Mean		1,097	3.31	3.34	▲
Recovery Markers Questionnaire (RMQ)		N	Pre	Post	Change
Overall Mean		624	3.60	3.64	▲

Legend

▲ Significant positive change ($p < .05$)

▲ Non-significant positive change

▶ No change

*The outcomes reported here include all OA BHS clients that had both a pre and post assessment in the Mental Health Outcomes Management System (mHOMS). The most recent (post) in FY 2020-21 was compared with an assessment received six months before (pre), which may reduce the final N as new clients with less than six months of service history and those without a six-month follow-up assessment were excluded from the analysis.

Glossary

- **Assertive Community Treatment (ACT)** is a team-based approach to delivering comprehensive and flexible treatment, support and services. ACT programs provide extensive service for individuals who experience serious mental illness. People who receive ACT services typically have needs that have not been effectively addressed by traditional, less intensive mental health services.
- **Case Management (CM)** services help and support people with long-term mental health problems to maintain housing, and obtain financial assistance, medical and psychiatric treatment, and assists clients to link with other community services such as education, work, and social programs. The service activities may include, but are not limited to: supportive counseling, coordination, and referral; ensuring access to service delivery system; and assessment, service plan development and monitoring client progress.
- **Case Management Program – Institutional** are services received by persons with serious mental illness residing in an institutional setting (e.g., locked long-term care, Skilled Nursing Facility).
- **Case Management Program – Strengths-Based Case Management** are services provided through Clinical Case Management services with a major rehabilitation component designed to help people with serious mental illness identify and achieve meaningful life goals. Strengths-Based Case Management programs are expected to maintain good fidelity to the model developed by Charles Rapp (see “The Strengths Model,” by Charles Rapp and Richard Goscha, 2012).
- **Case Management Program – Transitional** are short-term Case Management services provided on a transitional basis to link persons with serious mental illness with needed services and resources in the community, which may include longer-term Case Management services, and/or a variety of resources including but not limited to psychiatric, medical, social, housing, employment, education, spiritual, and transportation services.
- **Co-occurring:** Clients with active primary serious mental health and secondary substance use diagnoses or with at least one of four identifying question was completed with within the last three years in a client’s chart, indicating substance use.

Glossary

- **Crisis Residential (CR)** services offer a 24-hour crisis residence providing acute mental health care services to adults who are experiencing a crisis and require 24-hour support and supervision.
- **Crisis Stabilization (CS)** services are short-term and are provided to adults with mental health conditions that require a more timely response than a regularly scheduled visit and are delivered at certified sites.
- **Edgemoor** is an inpatient skilled nursing facility that provides: 24-hour skilled nursing care; physical rehabilitation; and recreational, occupational, physical, speech, and respiratory therapies.
- **Fee-For-Service (FFS)** services are primarily provided by licensed clinicians in private practice who get reimbursed for services rendered to clients. These providers are spread out over the county and represent a diversity of disciplines, cultural-linguistic groups and genders in order to provide choice for eligible clients.
- **Full Service Partnership (FSP)** programs are part of the County of San Diego's Community Services and Supports Program and are made possible through MHSA. FSPs use a "do whatever it takes" model that comprehensively addresses individual and family needs, fosters strong connections to community resources, and focuses on resilience and recovery to help individuals achieve their mental health treatment goals.
- **Illness Management and Recovery (IMR) Scale** includes 15 clinician-rated items and addresses a different aspect of illness management and recovery. Scores can also be reported as three subscales, which combine individual items to represent illness recovery, management, and substance abuse dimensions of treatment outcomes.
- **Innovation Programs** are novel mental health practices that contribute to learning, and that are developed within communities through a process that is inclusive and representative. Additionally, Innovations Programs are designed to increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration; and increase access to services for the mental health community at-large.

Glossary

- **Long Term Care (LTC) – Institutional Setting** refers to services provided to persons with serious mental illness at locked long-term care facilities which include Institutes for Mental Disease (IMDs) and Skilled Nursing Facilities (SNFs).
- **Long Term Care (LTC) – Residential** refers to services provided in residential settings that provide long-term care offering room, board, 24-hour oversight, health monitoring, and assistance with activities of daily living and are licensed by the state. Residents often live in their own apartment within a building. The complex provides some care that those who live independently would perform themselves (such as taking medicine). Social and recreational activities are usually provided.
- **Mobile Crisis Response Teams (MCRT)** provide in-person support to anyone, anywhere, experiencing a mental health, drug, or alcohol-related crisis. MCRT dispatches behavioral health experts to emergency calls instead of law enforcement, when appropriate, with teams made up of clinicians, case managers, and peer support specialists.
- **Outpatient (OP)** services offer treatment, rehabilitation, and recovery services which include screening and assessment, medication management, crisis intervention, group and individual short-term therapy, for people who are experiencing persistent and serious mental illness or a mental health crisis. In addition, some programs offer case management and homeless outreach.
- **Prevention and Early Intervention (Prevention or PEI)** programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To facilitate accessing supports at the earliest possible signs of mental health problems and concerns, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). Mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.
- **Primary Diagnosis** was determined by identifying the primary DSM/ICD diagnosis at intake from the last episode of service prior to June 30, 2019.

Glossary

- **Psychiatric Emergency Response Team (PERT)** of San Diego County pairs licensed, experienced, professional mental health clinicians with specially trained law enforcement officers. They respond to calls for service from the community involving individuals who may be experiencing mental health crises. They intervene to prevent unnecessary hospitalizations and incarcerations while protecting the individuals involved as well as the community.
- **Recovery Makers Questionnaire (RMQ)** is a 26-item questionnaire that assesses elements of recovery from the client's perspective. It was developed to provide the mental health field with a multifaceted measure that collects information on personal recovery.
- **Residential services** are services provided to persons with serious mental illness through a residential setting which provides 24/7 care and supervision as needed (unless otherwise authorized by the County to provide residential services that do not include care and supervision).
- **State Hospital** (California) services are provided to persons with serious mental illness through a California State Hospital.
- **Urgent Outpatient (UO)** services are provided in an outpatient setting to adults and older adults who are experiencing a crisis and who may require medication support and stabilization.

Contact Us

- This report is available electronically in the Technical Resource Library at https://www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html.
- Questions or comments about the AOA System of Care can be directed to:
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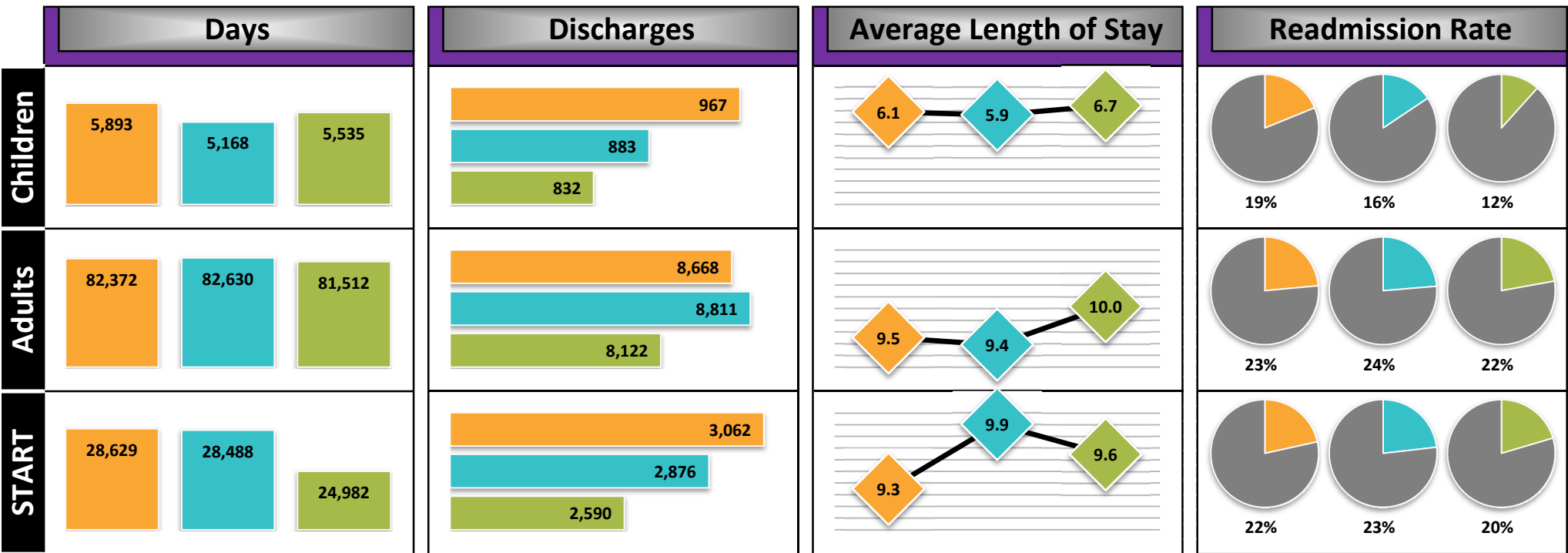
UCSD's Health Services Research Center provides a comprehensive variety of research services to academia, health services organizations, corporations, and individuals worldwide. We are a non-profit research organization within the University of California San Diego's Herbert Wertheim School of Public Health and Human Longevity Science. Our mission is to support research focused on understanding how clinical and treatment services affect health outcomes. The center brings together experts in the fields of health outcomes, program evaluation, quality of life measurement, and medical research informatics, providing the infrastructure for clinical and academic research and program and performance evaluation studies.



Appendix A: Hospital Dashboard 3 Year Trend

Hospital Dashboard 3 Year Trend

FY 2018-19 FY 2019-20 FY 2020-21



PERT			
Children			
	FY 2018-19	FY 2019-20	FY 2020-21
Contacts	1,756	1,920	1,605
FFS & CAPS Admits	156	131	83
ESU Visits	470	506	500
Adults			
	FY 2018-19	FY 2019-20	FY 2020-21
Contacts	9,737	11,144	11,154
FFS Admits	760	945	732
EPU Screenings	860	1,082	1,063
PERT-EPU-SDCPH	284	382	399

